

Evaluation
in
Mental Health

U. S. Department of Health, Education, and Welfare

Public Health Service

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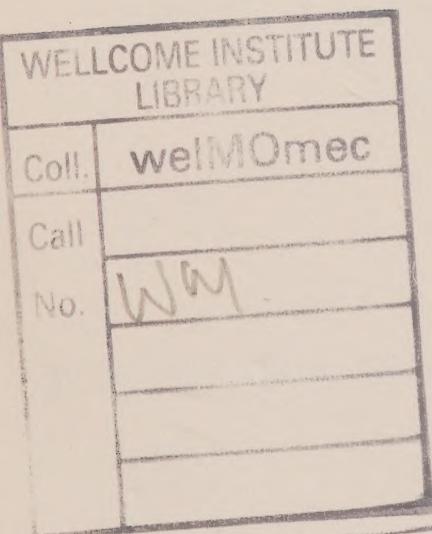
*A Review of the Problem of
Evaluating Mental Health Activities*

*Report of the Subcommittee on Evaluation of
Mental Health Activities, Community Services Committee
National Advisory Mental Health Council*

1955

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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Foreword

Recognizing the importance of evaluating mental health activities, the Community Services Committee of the National Advisory Mental Health Council, at its meeting in October 1951, authorized the appointment of a subcommittee to find out what evaluation studies are available in the literature and what studies are underway. The Subcommittee, during more than 2 years of extensive work and discussion, prepared this report which has been approved for publication by the Committee and the Council.

This has been a task of great magnitude and the members of the Subcommittee are to be congratulated on the results of their efforts as set forth in this valuable and comprehensive report. I would also like to express my very great appreciation to the members of the Community Services Committee and the National Advisory Mental Health Council for the thorough review and consideration given this document prior to its publication.

It is our hope that this report will enable all of us in the mental health field to benefit from accumulated experience so that valid and constructive studies will be made of mental health services. I think we can all agree that it is time to take a second look at what we are doing, determine in what direction we should move next, and how we can best get there. Building sound mental health and preventing handicapping mental and emotional disorders are attainable goals if we chart our course accurately.

R. H. FELIX, M. D., *Director,*
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Introduction

There is a substantial interest among investigators and professional workers in the area of mental health in improving the scientific basis for programs and in evaluating the effects of practical operations. The task of evaluation is admittedly difficult but can be assisted by a study of the successes and failures of previous students of the problem.

The major purposes of the present report as viewed by the Committee responsible for its preparation were (1) to assemble an annotated bibliography of studies concerned with evaluation,¹ (2) to organize them in a useful form, (3) to present some observations and suggestions growing out of the collection and analysis of the material, and (4) to make the product available to interested professional persons and prospective investigators.

The report is not designed to be in itself an evaluation of mental health activities—it is rather a presentation of the problems and processes of evaluative studies. It should be noted that the success and failure of specific evaluative studies may often reflect more largely the adequacy or inadequacy of research designs and our present instruments of appraisal rather than the validity of the total operation of a mental health activity. In short, a major goal of the report is to increase interest in evaluative activity and to stimulate progress in both research and applications. The document is not intended to be a manual or guide (although such would also be useful) but a working tool for individuals, teams, classes, and seminars.

The purposes dictated some of the procedures and limitations adopted by the Committee.² Thus, after some deliberation, studies of drugs and surgical procedures were excluded. Similarly, no attempt has been made to cover the extensive literature relating to specific instruments of measurement. The Committee sought pri-

¹ The survey of studies to which this review pertains was completed May 1954.

² The term "Committee" wherever used in this report refers to the Subcommittee appointed by the Community Services Committee to prepare this report on the problem of evaluating mental health activities.

marily contemporary published materials on evaluation by a search of journals, bibliographies, and abstracting services. Aid was sought from public and private agencies for both published materials and accounts of studies in progress. An important source was "Research Relating to Children—An Inventory of Studies in Progress," which is prepared periodically by the Children's Bureau (87). The files of the National Institute of Mental Health offered important materials at the growing edge of research. The mental health consultants of the Departmental Regional Offices supplied references and descriptions of studies being initiated and in progress within the various regions. It is inevitable that some important investigations have been overlooked by the finding and selecting devices employed.

The initial volume of material obtained was great and there were perplexing problems of decision on how near the main theme a report must be to warrant inclusion. It was decided that the items that seemed most immediate should be kept in a Reference section while the more general works of importance to the total setting of evaluative activities should be placed in an Appendix. Many interesting items were excluded on the basis of accessibility, date of publication, and overlapping with other studies.

The presentation of the report is in three major divisions: "Theoretical and Methodological Considerations," "Studies Related to Mental Health Activity Areas," and "General Observations and Recommendations."

I. Theoretical and Methodological Considerations

Theoretical Considerations

Evaluation of "Mental Health Activities" is necessarily difficult. It must cope with the influences of numerous variables, consider the validity of those basic assumptions upon which mental health relies at the present time, and take into account the personal beliefs and attitudes of both the evaluators and those whose activities are being evaluated. Progress in psychiatry and its allied fields has been great, and the efforts of citizens' groups to implement progress has been encouraging. Theory development, upon which future progress depends, and the contributions of gifted professionals continue. Mental health clinics and psychiatric hospitals, beset often by the overwhelming odds of too few professionals and too many patients, continue to raise standards of care. Positive results seem to be apparent in specific mental health activities and in the mental health field as a whole. Any assessment of these results must consider the possibility that more rigorous evaluation might alter impressions of results, and might uncover the fact that, in some instances, operations which have led to positive results have been preempted upon basic assumptions which have either been wrong or were of secondary importance. Other basic assumptions will be proven correct or be susceptible to proof. In view of the history of science wherein, for example, effective results in nuclear physics or in medicine often preceded exact knowledge as to why these results occurred, this is not surprising. These possibilities must be noted in any consideration of the field to be evaluated.

Along with advances in mental health, some progress has been made in the evaluation of its activities. This consists of a growing number of evaluative studies and of an increasing awareness of the need for evaluation. Such efforts include: (1) A number of critical essays on the needs and problems of evaluation, in which courageous examina-

tion of the basic assumptions of mental health have been attempted, and scientific method and thinking advocated (Davis (6), Dayton (8), Eaton (10), Ginsburg (14), Kubie (21), MacKinnon (27)); (2) statistical methods of evaluation as they might apply to the special characteristics of the mental health field (Cattell (3), Cochran (4), McQuitty (25)); (3) possibilities for application of the research methods of the behavioral sciences (Edwards (11), Festinger and Katz (12), Luchins (24), Stephenson (36)); (4) considerations for the use of the research methods of social relations (Bernstein (1), Hollingshead (16), Jahoda (19), Lippitt (23), Stouffer (37)); (5) attempts to clarify research planning in evaluation of mental health activities, as regards identification of levels to be assessed and of the essential steps in evaluation (Eaton (10), Marquis (29), French (90)); and (6) numerous studies designed to ascertain results in the field, using before and after measures, questionnaires, opinion polls, rating scales, consensual validation, and other methods.

The term "evaluation" used in the context of mental health may be defined as assessment of need, assessment of accomplishment, and assessment of the methods of measurement utilized. Evaluation thus connotes scientific method, but has characteristics that distinguish it from that type of research whose objective is the accumulation and analysis of data in order to formulate hypothesis and theory for the sake of new knowledge itself, irrespective of judgment of the value of the knowledge. It must be emphasized that this report concerns itself with problems of the *assessment of accomplishment*, although necessarily, assessment of need and of methods of measurement will be taken into consideration when indicated. Assessment need not necessarily indicate quantification, but in some instances may be gauged in comparing criteria of qualitative change, while in other instances, the conventional meaning of measurement may be applied. This is well recognized in research in social relations and in cultural anthropology, and in the application of such research to the field of psychiatry. Nor does the scientific method, itself, as used in this context, imply quantifying, alone, to the exclusion of other qualities.

At the same time, this report does *not* concern itself with the special problems of psychiatric research, such as the role of intuitive thinking and feeling in research method. It concerns itself primarily with the problems of evaluating results, although the problems of assessing

results in terms of "hunches and hypotheses" upon which action is sometimes taken must necessarily be given consideration.

One of the special characteristics of the field of mental health is that it operates from a body of knowledge which is incomplete. The field is complex, and there is much in it that is unknown.³ From psychiatry, sociology, psychology, and education, among others, have been drawn concepts, theories, and methods which have withstood operational testing, and have proven their usefulness. Although there has accumulated a body of fact regarding the behavior of man, much knowledge has been dependent upon theoretical models of personality and upon empirical concepts. The status of the field at the present time dictates that this is so.

One of the baffling problems in evaluation is how to ascertain the validity of results in the face of elusive variables, both known and unknown, which either influence results or present themselves for their relatedness with undue emphasis. The need for methods of appraising the *means and relations* of innumerable variables is paramount, and scientific method, as we now know it, conceivably may not give the answer. New approaches, which like the scientific method, as far as it has been developed, allow for validity of prediction and repetition by many observers, will probably emerge, but the scientific method itself awaits fuller application to this field.

The problem becomes even more complex if evaluation is extended beyond the assessment of results to the appraisal of the basic assumptions which underlie so many mental health operations. These are often based upon theoretical models structured upon hypotheses developed by gifted observers. Attempts to find some means of testing the validity of these need not imply doubts as to the value of feeling for the relatedness of phenomena, intellectual sensitivity, and intuition, but indicate instead a recognition of their value in order that knowledge can be further extended. Such searching also presupposes that methods of analyzing and teaching the formulation of hypotheses, either from masses of data or from incisive insights drawn from relatively few data, are at least possible.

An emphasis to be considered is the setting of limited goals for evaluation and operation in mental health activities. To stop and

³ Such a statement should be deemed to be neither nihilistic nor negativistic, but one which could contain ingredients of humility, scientific curiosity, and interest in the advancement of knowledge.

question extensive theoretical models, and the extent of sweeping mental health operations, may be a realistic theoretical consideration in itself. MacKinnon (27) prompts examination of this problem when he states:

In summary, I should like to emphasize again that my criticism is not of theory as such, but of the impatience to develop elaborate theoretical models of personality before laying the necessary groundwork of observations and abstractions from them. I am concerned lest we move too rapidly in personality research from the practical, empirical, and intuitive, to the abstract, rigorous, and formal, with the risk * * * of building logical superhighways which turn out to be dead ends leading nowhere.

We need hunches and hypotheses concerning the significant phenomenal variables of personality and inferences from behavior to the underlying dynamics of the person. I propose that it is better in personality research today to settle for something less than full-blown theoretical models, namely hunches and working hypotheses. I would urge that we set lower goals and expend as much energy in pursuing them as is now spent, in my opinion, prematurely and fruitlessly in the pursuit of goals too fanciful for the present state of personality research. (P. 145.)

In the broadest context of limited goals for evaluation and operation, it would seem that the field of mental health at the present stage of its development, cannot afford to question the value of model building itself, but is justified in carefully appraising each theoretical model and the extent to which it is used. At the same time it may be true, as MacKinnon has intimated, that the value of "hunches and working hypotheses" has been under-emphasized.

Upon this framework, the field of mental health activities has been structured. The status of current mental health concepts which are responsible for the intent and direction of such activities can be observed, and the field in which evaluation occurs can be described.

Mental health is a broad term, and its activities are legion, involving the functions of the individual, masses of the population, and professionals in many disciplines. To this task have been brought to bear a multiplicity of systems of thought and a range of methods of attack as heterogeneous as the individuals, groups, and disciplines absorbed in the problem. Mental health activities, therefore, often have had a flavor of morals and ethics, religious fervor, personal investment, unvalidated psychological concepts, value judgments, psychiatric theory, political science, welfare movements, and cultism. The advances in psychiatric science, particularly those in the area of

hypotheses-testing of psychodynamic theory, and progress in social science, have given such impetus to the evolution of mental health practices that the combination of the forces of heterogeneous doctrines and multiple unevaluated activities emerge in bold relief.

In the meantime, the magnitude of the problem of mental health has eventuated in an expansion of mental health activities. This was materially stimulated by the National Mental Health Act of 1946 and implemented by the concentrated efforts of the United States Public Health Service, and the need for action has been so pressing that professional schools, social welfare bodies, educational systems, the clergy, and professional individuals have responded in concerted effort. In many areas, the laity themselves, shouldering the weight of the problem, have moved more rapidly than the professions, and lay organizations have spontaneously sprung up in attempts to meet the immediate need.

Sizeable expenditures of time, energy, manpower, and funds have been poured into efforts to approach the problem. These efforts have included, among others, the training of professional personnel for the field of mental health, supplying service where it is most urgently needed, encouraging research, activating closer integration of community organization, and fostering public information and education. On these have been brought to bear certain trends and basic assumptions, such as:

Provide more treatment for more patients in the community;

Community clinics will save many patients from State hospitals;

More psychiatrists, clinical psychologists, social workers, and psychiatric nurses are the answer to the mental health problem;

The basis of prevention is correction of faulty child-rearing practices and the treatment of emotional disorders in childhood;

Knowledge of the psychological development of the child by professionals and laity is the keystone of mental health;

Ministers, school teachers, recreational workers, and mental hygiene societies can stave off tendencies to mental disorder;

Mental health is a state for which individuals can be educated by disseminating knowledge about emotional processes through pamphlets, popular books, movies, posters, exhibits, radio, television, and lectures;

The problem of mental and emotional disorder should be attacked broadside on a mass scale reaching as many of the population as possible, irrespective of the current state of mental health of any individual or family;

Unconscious psychological determinants are the major explanation of mal-adaptive reactions; and

An understanding of causality in human behavior is more effective in improving mental health than is emphasis on surface effects.

These concepts in mental health activities have largely been encouraged and implemented by individuals highly sensitive to the urgency of the need. Because of the necessity of operating from prevalent basic assumptions, and because of the paucity of evaluation methods, judgment of results has been largely empirical with the necessity to qualify with the statement "I think" or "I feel."

As more time, energy, manpower, and funds have been devoted to mental health, as more scientifically trained professional workers have become involved in the problem, and as competition among community programs of all types for manpower and public funds has increased, the need for methods of evaluating mental health activities in all areas becomes obvious. It becomes mandatory that more scientific evidence be furnished if and where this is possible, for otherwise lack of knowledge concerning the results of enormous human effort can lead to wastage, furtherance of untested beliefs, and possible countertrends which may obstruct the onward march of hard-won progress.

Although the term "mental health" is freely used and with considerable assurance, closer inspection reveals the elusiveness of the concept. Actually there is no uniformly accepted definition of mental health. As Jahoda (18) points out:

Perhaps the greatest handicap for a systematic study of the social conditions conducive to mental health is the very elusiveness of this concept. As far as we could discover, there exists no psychologically meaningful and, from the point of view of research, operational description of what is commonly considered to constitute mental health. (P. 5.)

The term has been loosely used to describe any one of several levels of individual and social behavior, depending upon the special interests of the professional discipline or the individual using it. It has, therefore, come to have multiple contexts, including psychiatric science, preventive psychiatry, mental hygiene, public health psychiatry, environmental medicine, psychological aspects of public welfare, applied sociology, individual and group behavioral characteristics correlated with community organization, social psychology, community psychiatry, and others. Concepts, hypotheses, theories, and practices, wherever they may impinge upon the emotional health or disease of the individual, viewed alone, or as he functions in groups, have uncritically

carried the inference that this is mental health. The same cloudiness of definition extends to the emotional aspects of the behavior of groups themselves. It is probably true that a common conceptual denominator exists at whatever level of discipline function, theoretical framework, or area of activity in focus at the moment the term "mental health" is ascribed to it, but as long as this confusion of parameters exists, no identification of the basic concept can emerge. The obvious corollary of this is that evaluation of mental health activities will be inexorably complicated and destined for lack of validity as long as what is being measured is defined according to special objectives and interests without identification of the particular level of function emphasized or if it cannot be defined at all.

In all probability the term "mental health" emerged from public health practice to encompass the problem of psychiatric disorder in mass populations. Since the term "mental hygiene," used earlier by that discipline, carries largely the connotation of prevention, an expression which would include incidence, epidemiology, and treatment, as well as prevention, became necessary. Although no better title for this area of health and disease exists at present, it must be recognized for both epistemological and evaluation reasons, that the term is a *non sequitur*. The word "mental" refers commonly to cognitive functions, and where the word "health" is used in this context, disease is often under consideration. As a concept, mental health is comprised of multidimensional referents, and the particular referent has to be described, for the term itself is limited. It suggests inferences to multiple areas of human behavior and pathology, including psychodynamic theory, psychotherapy, etiology of psychiatric disorder, interpersonal relations, incidence of disease, prevention, problems of treatment, and social pathology, and such inferences themselves must be identified. Categorization of hypotheses, theories, and activities is much needed, just as it is necessary that each of these be separated from the others, whenever the question of evaluation occurs.

In addition to its global meaning as used by health agencies, the term "mental health" has a narrower context which is more closely related to medical science. This is correlated with the concept of health and disease for the individual, where the objective is the maintenance of health more than the eradication of disease. Here the emphasis is upon individual factors: The *anlage*, the stressors, the reactions, and the processes of change in the spectrum extending from

optimal functioning to dissolution and death. Although the recent growth of environmental medicine has promoted the recognition of social effectors as they influence these, the concept is still largely an individually oriented one. But the state of health is not one which has been identified and described with scientific certainty. That it occurs in any absolute form may even be doubted. The Peckham Experiment (73), for example, gave valuable leads into the relative nature of health when it distinguished health, disease, and disorder as phases of variable length in the same individual, where traditionally accepted signs of health mask disease for years, until the appearance of the disorder (symptoms) brings the insidious process to light. Health, itself, then is difficult to define. The definition of the World Health Organization (39) "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," is a thin statement of obvious fact, which, although it points to an intention of value, does not reduce the complexity of understanding the concept. Steiglitz (35), although he does not define health, gives a conceptual framework which offers more:

The degree of health parallels effectiveness in living; contrariwise, disease induces ineffectiveness in the somatic and psychic activities of living. The mensuration of health, which closely parallels the measurement of biological age as contrasted to chronological age, is most difficult and requires exceptional diagnostic acumen and understanding of the mechanism of homeostasis. Health measurement involves stress tests for the evaluation of functional reserves. An entirely different diagnostic philosophy is requisite; we are no longer seeking to discover specific disease entities or even clinical syndromes, but attempting to measure biological effectiveness in adaptation. (P. 79.)

A parallel requirement exists where "mental" health has to be categorized. Jahoda (18), for example, states:

Yet the establishment of some criteria by which the degree of mental health of an individual can be judged is essential if one wishes to identify social conditions conducive to the attainment of mental health. (P. 5.)

Initially "mental hygiene" efforts were focused on improving the care of the mentally ill. This was in keeping with the individual concept of disease process. Subsequently, however, emphasis shifted to include exploration of the field of prevention with many and varied programs geared in that direction. It was here that the term "mental hygiene" became popular, and its usage spread to other parameters of health and disease, so that even yet it is often utilized in an unde-

fined manner to label areas other than those of prevention. Somewhat analogous to prevention in somatic disease, prevention as related to mental illnesses covers a continuum, with treatment of psychoses, neuroses, and character disorders at one end, and attempts at removing causes at the other extreme. With the growth of the social sciences and their application to psychiatry, causation in the light of prevention has taken on a broader context, in terms of the environmental setting in which etiological factors become enhanced. Stated in other words, prevention can be considered as primary and secondary; primary, the modification of life conditions in such a way that disorder does not ensue; and secondary, the prompt and effective treatment which prevents the development of more serious symptoms and complications, and/or the reduction of symptoms to a lesser degree of intensity. In terms of social referents, prevention also has the goal of modifying effects on susceptible individuals closely related to the overtly or potentially sick.

Medical history is replete with examples of disease prevention and control before the cause is known. However, a program for its scientific prevention must ultimately be based on adequate knowledge of etiology, modes of transmission, and techniques for the eradication of causative and precipitating agents. Even today, definitive causes of mental and emotional diseases are essentially unproven by satisfactory scientific validation, and mental health as a scientific concept is essentially in the stage of hypothesis making and testing. Or, as some have stated, it does not yet exist as a clearly defined concept. Eaton (10) points out that—

Mental health as a scientific concept does not now exist. (P. 82.)

He sums up by saying:

A frank recognition of the relativity of mental health will do much to improve both research and its application * * *. It is a value judgment, with all the potentialities for variation and change implicit in such a relativistic entity. (P. 83.)

As the concept of mental health broadened to include prevention and the health problem as it referred to populations, it followed that the interests of communities became linked with mental health thinking and efforts. Educational systems and the church, social agencies, and other community organizations entered the field, carrying with them their social and philosophical principles and methods as they

might apply to prevention, case finding, and social and religious treatment of psychiatric disorders and social pathology. The current hypothesis of the effect of interpersonal relations in mental health brought added impetus to their interest, and gave them, because of the nature of their functions, an added voice of authority in health matters. At the same time, and for the same reasons, social scientists increased their efforts to contribute, partly encouraged by the needs of community organizations for resource consultants, but highly motivated by the opportunities for the growth of social science itself in the community laboratory. This has had the net effect of giving a variety of professions—from religion, education, social science, and community organization—access to medical and psychiatric matters, while at the same time it began to draw medical scientists and public health personnel into the broad social field. The result, on the one hand, has been catalytic for all concerned, while on the other hand, the process of integration of concepts and methods from all the resources involved occurs slowly, with absence of clear objectives and with confusion of ideological referents. Here interdiscipline function is in most active travail, with as yet little opportunity having occurred for the unearthing of its basic principles on an investigative and scientific plane. Selective perception and unskilled judgments concerning related fields have added to the difficulty of evaluating the merits or handicaps of this amalgamation, and although it seems logical, no scientific evidence exists as to whether it is salutary or ineffective. This trend, at any rate, has made more difficult, at the present time, the evaluation of specific mental health activities, particularly where it has produced lack of delineation of levels of function in quasi-scientific thinking.

Notwithstanding the lack of adequate scientific knowledge of the etiology of mental illnesses and/or mental health, a decision as to what mental health programs should be emphasized necessitates giving consideration to the possible theories concerning etiology. Ginsburg (*14)⁴ observes that:

As Wechsler said in 1930 (and it is still true in 1951), "Sad as it is to make the confession, the fact remains that, despite accumulation of knowledge, the ultimate cause or causes of nervous and mental disease is unknown." (P. 4.)

Mental and emotional illnesses, with few exceptions, are not "due" to any one or a number of things in a strict etiological sense, but represent patterns of reactions in a given social, cultural environment to the myriad of factors which influence the individual. (P. 6.)

⁴ An asterisk in front of a reference number indicates an on-going study or study in progress.

It is not surprising to find that effort has outstripped firm knowledge and that theory has been left far in the rear, pretty much looked on as a hindrance and as an encumbrance to "progress." (P. 11.)

The concept of etiology as embraced by modern psychiatry differs from the simple cause and effect system of traditional medicine. It subscribes to a "field theory" hypothesis in which the interactions and transactions of multiple factors eventuate in degrees of health or sickness. This problem is not unique to mental illnesses but also applies to other diseases, as for example tuberculosis. Where and how to give weight to the interacting forces producing change where it is most relevant constitutes the major problem in psychiatric etiology in the testing of this hypothesis. Until this problem is solved, the evaluation of mental health activities will remain difficult. At any rate this problem must be considered in any evaluation process.

The influence of psychoanalytic theory and the resultant emphasis on interpersonal relations must be given consideration in any current concept of etiology as it applies to mental health. The role of unconscious psychological determinants in the production of maladaptive reactions today constitutes the single most acceptable etiological factor from the point of view of most professionals, particularly by the psychiatric group. Its operational effectiveness and theoretical framework have supplied the answer to a great need for methods of action and for a means of perception and understanding, but that "genetic-dynamic factors" are the single most important etiological agent, or for that matter, are unequivocally related to *cause* at all, remains at the present time, an hypothesis still awaiting careful scientific test.

The responsibilities of mental health workers, and particularly psychiatrists, for evaluating the role of psychodynamic forces in the etiology of mental illnesses, are singled out by Lemkau, Pasamanick, and Cooper (22):

* * * If there are psychogenic illnesses, there rests upon mental hygienists and psychiatrists the responsibility to see how any part of known dynamic complexes can be altered for members of the population so that such illnesses will not result. There are reasonably sound experimental data on which we can act with confidence, but there remains much research to be done. * * * The flashes of insight that have characterized the great leaders of our field in the past must be documented painstakingly with proof, a type of scientific discipline of which psychiatrists are perhaps more derogatory than appreciative. (P. 441.)

It is natural for mental health workers in other fields to look to psychiatrists for leadership in the problems of evaluation of psycho-

dynamic factors in etiology, prevention, and the mental health of masses of the population. Psychiatric leaders are conscious that these problems exist. This is noted in the Report of the 1952 Conference on Psychiatric Education (96):

The outcome of the discussions of determinism by the Commission was not a clear agreement in principle but a compromise, acknowledging the incompleteness in knowledge and the existence of a considerable range of practical uncertainty in the prediction of behavior. Probably this compromise statement was not altogether satisfactory to any member of the Commission, but the discussion and the compromise had a definite value by reason of the clear indication that, in formulating psychodynamics, individuals tend to select their postulates with strong feelings of conviction, in accordance with private feelings or group allegiances rather than public knowledge. (Pp. 19, 20.)

The Committee on Medical Education of the Group for the Advancement of Psychiatry (*107) has likewise made note of this problem, and reports:

There is a definite trend toward the assimilation of psychoanalytic training into psychiatric residency programs. This trend has created new problems for both the resident and the psychiatric educator. The Committee notes with concern that the value of alternative possibilities of independent, concurrent, or integrated psychiatric and psychoanalytic training still rests on inadequately supported personal opinion. Because of this there is a need for objective, critical examination of what different teachers teach in their various settings, the basic assumptions underlying their teaching and the effect of their teaching on the learner. Regardless of institutional setting, a dispassionate, investigative attitude is urgently needed. (P. 27.)

In general, since the assessment of the objectivity of the evaluator himself, must rely in part on the special skills of the psychiatric profession, lack of agreement on principles and on selection of postulates within the profession must be taken into consideration in evaluating mental health activities. It should be noted that the area of agreement on goals and programs is greater than the area of disagreement, so that progress can be made. This was clearly indicated in practically all issues in the 1952 Conference on Psychiatric Education.

Psychodynamic principles are complex, and as for making them simpler, "wishing will not make it so." There appears to be a tendency on the part of some mental health leaders to predigest psychodynamic theory for professionals and laity by stressing "interpersonal relationships" with a halo effect, often with the result of overselling it with slogans. There are expectations that short periods of exposure

to in-service training courses which emphasize "human relations" can produce condensations of a complex theory and method for easy assimilation. There is a need for critical evaluation of this concept. Lemkau, Pasamanick, and Cooper (22), among others, seem to subscribe to the capacity of professionals to easily digest the complex principles of interpersonal and group interaction, when they write:

There is a very real difference between the technical ability to deal with the concepts involved in the promotion of mental health and the technical ability to reach the public with the concepts or procedures. The function of the public health organization is to translate hygienic concepts of all kinds from the laboratories and consulting room where they are evolved, into effective usage by populations. Public health administrators are trained to do this job. To help the 5,000 or 6,000 medical men engaged in this work in the United States there are more than 30,000 public health nurses, most of whom are in more or less intimate contact with the families in their communities. This organization and these people have the skills whereby our hygienic concepts may be put into effect. (P. 442.)

The evaluation study of Burnett and Greenhill (*100), still in progress, suggests that public health nurses have relatively little capacity to perform purposeful relationship techniques prior to entering an intensive in-service training course in mental health, but that 50 percent of them learn to do so in such a course, while some of the others carry away with them and persist in possessing a greater ability to discuss mental health concepts individually and in groups. That many reflect changed attitudes toward mental health after such training appears probable, but the complexity of the problem of dealing with interpersonal relationship as a mental health tool is delineated by the proven difficulty that public health nurses have in translating concepts into performance in the field.

In general, interpersonal relations, as well as psychodynamic principles, might better be viewed as important variables in a complex field, rather than as independent factors of singular importance in etiology. Otherwise professional value judgments and oversimplification result with an accretion of obstacles for valid evaluation. Here, too, levels of function must be considered to obviate confusion as to whether unconscious psychological determinants and interpersonal relationships are appraised at a given moment in terms of etiology, precipitation of disorder, prevention, diagnosis and treatment, or social correlates.

Another basic theoretical consideration is concerned with the differences and similarities in behavior of individuals as they function alone or in groups. The development of group relations and group process theory has given potentially effective methods to mental health workers for reaching groups through education and treatment on a mass scale. In parent education, in the understanding and maintenance of family homeostasis, in professional training for mental health, and in public educational efforts the use of the group method has sharply increased. Much is awaiting evaluation here. The inference is often made that *involvement* in the changing process of a group will lead to modification of the psychodynamic reactions of the individual member of the group. This seems to carry with it the implication that the behavior of an individual alone or in a one-to-one relationship is simply a corollary of his behavior in a group, and that one is subject to change by approaching the other. The problem is far more complex than that, and it can scarcely be solved until this confusion of levels is clarified. Some mental health group workers subscribe to an oversimplified form of "group dynamics" with unrealistic and uncritical expectations.

Still another theoretical problem may be raised in connection with group mental health education. This is related to the distinction which should be made with respect to intellectualization, change of attitude, and individual performance as effected by involvement in the group process. Modification of an ability to discuss topics with a display of intellectual understanding, the expression of changes in attitudes toward the group and individual members, and the capacity to carry this understanding and changed attitude outside of the group in altered performance, may all be of a different order. Jerome Frank (139) emphasizes this when he writes:

This report is not intended to imply that discussion groups are the best form of parent education or that all parents should participate in them. All methods have their place. The task is to choose the proper one for the job at hand. And this brings us up against the greatest lack in the field of parent education—the absence of ways of measuring our results. Through questionnaires and similar devices we can measure how people *say* they have changed as a result of an educational experience. We cannot yet measure the extent to which these reported changes have been carried over into action, and this is what really counts. (P. 6.)

A theoretical approach used with some avidity by public health personnel in dealing with the problem of mental illnesses and their

prevention is reasoning by analogy. Here the attempt is made to consider *ipso facto* that mental illnesses and acute and chronic medical disorders are analogous or even identical in terms of etiology, epidemiology, and response to measures of prevention and attack. Proof awaits that this is so. Such principles have led to global attempts to eradicate mental diseases as if they were a single entity such as typhoid fever. In such crusades, "gunshot" methods and universal zeal have been the order of the day, with the results spread so thin that they defy evaluation.

The practice of "analogy" has been emphasized in value placed on mental health education activities, with the assumption that further information on accepted child development and psychiatric concepts, and associated modification of attitudes on the part of adults working with children and other adults, would be conducive to fostering improved mental health. Accordingly efforts have been focused on parents, teachers, doctors, clergy, and others through the use of films, pamphlets, lectures, and discussion groups.

The question arises as to whether the diffuseness of such efforts on a community-wide basis produces measurable or tangible results or whether the same limited resources, if focused on one or two selected groups having the greatest impact on children's lives, would be more fruitful. Here again consideration must be given to certain theoretical concepts. Holt (*17) suggests that:

It is in fact perfectly conceivable that if simply the physicians of a community were enabled to make use of a sound psychiatric orientation, the results in terms of the community's mental health might be far beyond those which the most extensive of lay programs could achieve, if everyone but physicians "participated." (P. 35.)

As another possibility she suggests:

It is even conceivable that a program designed to increase the level of mental health among the aged persons in our population might have as many beneficial effects in terms of the population generally as a program would that was designed specifically for its effect on children. There is reason to believe that parents' feelings toward their own parents powerfully affect their attitudes toward their children, and that this need not only be the result of their own parents' behavior long ago. * * * (P. 24.)

There is a present trend to want people to "understand" the mental health problems of children, and of teachers and others, to which Holt (*17) raises some thought-provoking questions:

* * * It seems that to be "understanding" is nowadays to possess a virtue outranking either reasonableness or righteousness. Yet like other virtues, "understanding" also can serve as a weapon. It is very doubtful that people manifest or bring about in others a higher degree of mental health when they show that they can readily fling diagnostic labels about, or when they show they can probe unerringly the deep motivations of other people. * * * The more "understanding" they are, the subtler will be the manifestations of their hostility, if it is hostility that they are driven to express. Also, to be sure, the more subtly hostility is expressed, the harder it will be to combat, for the simple reason that it won't *seem* like hostility though it will *feel* like it to those who are sensitive to such feelings. * * *

Partly by way of analogy with what has just been said, one can see that it is hypothetically possible for a community to be of excellent standing in terms of its resources, facilities, and procedures relating to mental health, for all members of the community to show a high degree of "understanding" about problems of mental health, and at the same time—by some other method of evaluation—for the mental health of the population to be found very poor. * * * (Pp. 29, 30.)

Identification of Mental Health Activities

In undertaking to survey the work currently being done in the field of mental health, the task of setting limits to the field poses a much greater problem than might be anticipated. In one such survey Tufts (*38) found that:

* * * Some activities specifically designed to promote mental health are designated by other terms. * * * On the other hand, some of the activities described by mental health groups find their counterpart in similar activities of organizations that do not use the term "mental health" in any official capacity. * * * (P. 4.)

In discussing the question of what we mean when we talk about promoting the mental health of a community, Coleman (88) observes as follows:

* * * I suppose one might say that it consists of all of the organized activities in any community, and especially of such social institutions as the family, employment resources, the church, the educational system, the recreational outlets, and the special corrective and protective services, which have as their aim the promotion of the welfare of the individual, particularly with reference to his sense of security, self-esteem, and productive satisfaction. Looked at in this way, the promotion of mental health as such is not by any means the sole responsibility of the medical profession or its branch of psychiatry, nor of any other single agency or institution. * * * (P. 88.)

Frost and Anderson (55) in describing a specific total community approach to a preventive mental health program, express a similar point of view:

* * * Instead of considering the community mental health program as a special program brought in by special people, this philosophy recognized a mental health program as being a summation of the understanding of human relationships brought to their work by all individuals working with people. A corollary of this thinking is that the mental health of a community is reflected by the kind of services given by *all* community agencies and is not the sole responsibility of any single agency. (P. 979.)

Levels of Evaluation

Much emphasis these days is being placed on the need for evaluating or taking stock of the results or accomplishments of programs and activities. This Committee feels that consideration must be given to what is meant by evaluation and by what value systems are results to be measured. Attempts at evaluation may run the gamut from a simple counting of noses in answering a specific question as to how many people receive services from a specific program in a given community to the more complex consideration of establishing scientific evidence that a certain type of program changes the behavior of people in general, and that such change in behavior is associated with improved mental health.

As Southard (33) points out, an activity may be evaluated on a basis of one or more levels or types of measurement based on different value systems.

At the first level, evaluation is an estimate which an individual or group places on an activity or service—what it means to the recipients according to their own value system. It should be added that this value system is not necessarily the same as that used by the State, Federal Government, or the scientist, in establishing a service.

At the second level, evaluation is the appraised worth; that is, a value placed on an activity or service after a reasonable examination and after the appraisers have compared it with other services. It is presumed that these appraisers have had experience in their respective fields. An activity may be considered by them as being excellent, good, poor, worthless, or harmful; the criteria being empirical and based on subjective judgment.

The third level is that of scientific measurement⁵—an expression of value when measured against accepted standardized procedures. The merit of this type of evaluation will be dependent upon the perfection and refinement of the yardstick used for comparison and the adequacy of the methodology used in the compilation of the data. Careful adherence to *scientific method* is mandatory; scientific methodology is the process of problem-solving with standardized procedures to insure maximum validity of result. In general terms, any study evaluated by the rigorous methods of scientific measurement should adhere to such principles as formulation of the problem, careful planning of research design, delineation of methods of data collection, and logical analysis of experimental results. The reduction of the problem to a size which is realistically manageable is a necessary task; in so defining the limits of the problem, hypotheses emerge, either as a result of existing knowledge, or in connection with exploratory study indicated by the circumscribed formulation. It follows that the testing of hypotheses becomes the major objective of the scientific method. Jahoda (19) has classified investigation in terms of principal goals:

(1) As a formulative or exploratory study when its prime purpose is the formulation of a problem for more precise investigation, or the development of hypotheses, or the establishment of priorities for further research; (2) as a descriptive or diagnostic study when it has the function of assessing the characteristics of a given situation; or (3) as an experimental study when it has the function of testing hypotheses. (P. 28.)

The third level of evaluation of a mental health activity is basically that of hypotheses-testing, but formulative or exploratory study and descriptive and diagnostic investigation (categorization) necessarily must be antecedent steps.

Exploratory study and the formulation of hypotheses depend also to a large extent upon scientific method. They are, in fact, inherent phases of it. Working hypotheses emerge from data; how these are collected and how many are utilized in making inferences that are hypotheses is always a matter to some extent of scientific method, no matter how “intuitive” the scientist appears to be.

Many health and social welfare programs are initiated and developed according to the first definition of value; that is, the people of the com-

⁵ Reference is made to the interpretation previously cited (p. 2) that scientific measurement need not be equated with quantifying, such as statistical method, but broadly includes emphasis upon standardized procedures.

munity estimate that certain activities or services are worth supporting—according to their own system of values. As these programs are continued, the value is estimated or assessed by individuals who are considered experts in their field and who are supposed to have an objective point of view. In this process of assessment, the experts compare the program with others in a similar field and the opinion of the public is also taken into consideration. This is an assessment. Working hypotheses may determine the judgment. No precise yardstick is used to make the evaluation. Although there is danger that hunches, hypotheses, personal bias, and faulty judgment may enter into the evaluation process, this method is recognized and supported by the community and government. All of the grants-in-aid programs accept this method of evaluation.

Concerning bias in professional judgment, Holt (*17) comments as follows:

In view of the quite considerable disproportion which does currently exist between enthusiasm for propagating mental health on the one hand, and scientifically verified conclusions about the effects of various means taken toward this end on the other hand, I rather imagine that many workers in the field would be satisfied with what seems to be a far simpler and less demanding form of evaluation. The criterion of success which might seem sufficient to such people can be called the criterion of subjective conviction. According to this criterion, if people *feel* that their efforts have been successful, the evidence provided by this subjective feeling is enough; if they *feel* that their work has been a failure, then it probably has been. Something can be said in favor of this criterion, scientifically indefensible though it may seem. * * * (Pp. 10, 11.)

Finally, when a program has been pretty well accepted by the community utilizing the two methods of evaluation just mentioned, the third one may be applied, which is more accurate and scientific. That is to say, certain aspects of the total program are brought under sharp focus and examined very closely, using measuring devices which will reduce this spot check to a numerical value. If used properly and interpreted correctly, this type of evaluation is of great help in improving the overall program, and it is also useful in gaining public support for expansion or continuation of the program.

It seems clear that evaluative activity may have a threatening aspect. The more rigorous the measuring instrument, the more modest the claims which can be made as to far-reaching results. Most professional workers have a duality of goals which include a real desire to be scientific and a need for practical results. Supporting groups at

times wish to buy results, and evaluative studies, unless properly interpreted, may be used to undermine as well as to support programs. To be successful the professional worker who is primarily functioning in a service program must of necessity have the courage of his convictions. It is understandable, therefore, that attempts at evaluation, either by him or with specialized research assistance from the outside, will create anxiety as to his true worth or that of the activity to which he has committed himself.

Davis (6) in commenting on the diffuseness of mental health activities and the biases of the proponents, states:

Scientific knowledge of mental disorder requires knowledge of social determinants. But there is a social restriction upon the impersonal analysis of personal relations, and especially upon the use of knowledge thus gained. Such knowledge must be employed only for culturally prescribed ends and persons who believe in these ends. Unfortunately, if one serves and believes these cultural ends, one cannot analyze social relations objectively. If this is true of an individual, it is even truer of a movement. The latter, dependent upon public enthusiasm, must inevitably adhere to ethical preconceptions. Mental hygiene hides its adherence behind a scientific facade, but the ethical premises reveal themselves on every hand, partly through a blindness to scientifically relevant facts. It cannot combine the prestige of the mores for science and the mores unavoidably conflict at some point, and the point where they most readily conflict is precisely where "mental" (i. e., social) phenomena are concerned. We can say, in other words, that devotion to the mores entails an emotional faith in illusion. Insofar as the mental hygienist retains his ethical system, he misses a complete scientific analysis of his subject and hence fails to use the best technological means to his applied-science goal. But if he foreswears his ethical beliefs, he is alienated from the movement and suffers the strictures of an outraged society. Actually the mental hygienist will continue to ignore the dilemma. He will continue to be unconscious of his basic preconceptions at the same time that he keeps on professing objective knowledge. He will regard his lack of preventive success as an accident, a lag, and not as an intrinsic destiny. All because his social function is not that of scientist but that of a practicing moralist in a scientific mobile world. (P. 65.)

The public's faith in the medical practitioner and the scientists, and the omnipotence accredited to them, tend to make unbiased scientific evaluation too great a threat. As Eaton (10) has said:

Unfortunately for both patients and society, social scientists and medical men are equally far from a scientific understanding of mental illness. Both grope in a field of considerable statistical uncertainty when they deal with functional mental diseases. * * * The discovery of universal, precise, or moderately

certain knowledge in this area is largely a matter of pious hope and promise.

* * * (P. 81.)

Special problems may exist in the instance of an evaluator or group of evaluators assessing a program or an activity in which they themselves have not participated. A group being evaluated certainly may have anxiety or defensiveness, but the group doing the evaluation may have overly critical attitudes. Whether an evaluator is appraising his own or another's program, the distortions, which are so liable to occur in the presence of emotion-laden data and innumerable variables, must be seriously heeded.

Methodological Considerations in Scientific Evaluation

In order to achieve validity in evaluation studies at the level of scientific measurement, adherence must be given to methods which assure standardization, consistency, logical sequence, persistency, accuracy, and identification and effects of variables. Such methods are safeguards in any scientific study, but the particular nature of mental health activities requires a careful delineation of specific components in methodology which seem to have special relevance to this field. Some of these considerations have been set forth in the following paragraphs.

Essential Steps in Evaluation: The essential steps in evaluation are: (1) Identification of the goals to be sought or measured; (2) analysis of the problems with which the activity must cope; (3) description and standardization of the activity; (4) measurement of the degree of change that takes place; (5) determination as to whether the change observed is the result of the activity or due to some other cause; and (6) some indication of the durability of the effects. The above steps have been set forth by French (90) with a discussion of the application to the problem of evaluating the effectiveness in social casework.

Planning of evaluation research must include broad areas as well as specific problems. In discussing the question of research planning at different levels, Marquis (29) makes the following distinctions:

I would like to distinguish three levels which I will call experimental design, program design and policy design. Experimental design is the planning of a single specific project. Program design is the planning of an integrated set of projects focused on a central problem. Policy design is a new word for overall planning of the distribution of effort among programs, areas or fields. (P. 431.)

As to present needs, he states:

I believe that the greatest present need for planning exists at this intermediate level which I call program design, and I believe that by exploiting this type of planning we can accelerate the development of frontier research in areas critical for human welfare. By program design I mean the planning of an integrated series of research activities, focused on a central problem, and involving a number of scientists for several years. * * * (P. 432.)

Objectives or Goals: These may be highly specific, such as the disappearance of a complaint or a symptom, or they may be general, such as the reduction of juvenile delinquency in a community, or the improved mental health of children resulting from changes in attitudes and behavior of parents. Not infrequently evaluation studies are inconclusive because the objectives have not been clearly defined or they are too nebulous for the application of the scientific yardsticks available as measuring instruments.

Base-line Measures: It is mandatory that an appraisal be made at the beginning and the close of the operation of an experimental activity, if it is desired to make any statement as to the effect of the activity. As Holt (*17) points out:

* * * In any evaluative study that merits the name, some sort of comparison must be made * * * at the very least, it must be determined what the state of affairs was *before* the program began, so as to have something with which to compare the state of affairs *after* the program had been put into effect. Without such a comparison, there are no compelling reasons for believing that the program produced any results at all. (P. 9.)

Control Groups: In addition to the need for before and after base lines, a rigid research design requires that measured changes in the experimental group exposed to the impact of the activity be compared with changes which may have occurred to a control group not so exposed. Without such a comparison the changes observed may relate to the passage of time and/or social and cultural changes in general rather than the impact of the activity *per se*. In practice such rigidity of design is frequently impossible or may be overlooked or may not be feasible from the point of view of the cost or the control of the variables involved. In such instances evaluation must rest on other criteria, such as consensus of expert judgment and the satisfaction of the person or persons served.

Action Research: Another possibility in research design where there are no control groups is to set up an hypothesis, make a prediction,

introduce the variable, and note the consequences. Again a new hypothesis is set up, a second variable is introduced and the consequences again noted, and so on. In this method of inquiry the final evaluation must depend upon concurring circumstances of verification of the hypotheses and in a sense becomes the rationalization of a study under experimental conditions. Such a design is often used where the experimenter is a participant in producing change through action techniques. Examples of this procedure are the studies reported by Poston (74) and Lippitt (23).

Case Studies: Much of the work in mental health must eventually be evaluated in terms of cases. The knowledge of man and society and of the interaction between the two is still insufficient to deal with cases according to uniform principles and the law of the single variable. Dealing with such complexity usually demands a person sophisticated in the principles and applications of systematic areas of knowledge focused on an individual. These factors and forces must be given unequal weights in terms of clinical judgment growing out of an observation or inquiry in what might be termed the "law of the case."

Control of Variables: The good research design frequently requires the control of elusive variables which may contaminate the results. Such variables include lack of comparability in age, sex, socioeconomic factors, region, etc. They also include still more elusive variables involved in such factors as acceptance or rejection of clinic treatment, or factors involved in the self-selection of persons who have come for help. The effect of uncontrolled variables is such as to produce a measure of difference or change in which there is a temptation to attribute this difference to the experimental variable, whereas in fact the effect was built in by a constant error in the design. The degree of generality of findings will also be conditioned by such statistical questions as the number and representative character of the persons involved in the sample. Without such safeguards erroneous conclusions and interpretations not infrequently are drawn as to cause and effect. Standen's (34) rather ludicrous illustration emphasizes this point:

* * * There will be an argument that, in principle, runs like this: A man gets drunk on Monday on whisky and soda water; he gets drunk on Tuesday on brandy and soda water, and on Wednesday on gin and soda water. What caused his drunkenness? Obviously, the common factor, the soda water. (P. 25.)

Fragmentation or Segment Measurements: With the many and varied activities purported to be conducive to mental health, the need to determine which approach, among several alternatives, is the most effective, becomes obvious. Many such attempts have been made, and in some instances the methodology has been quite adequate, with carefully matched experimental and control groups. By way of illustration, the variable being studied may be that of a pamphlet on some aspect of child development, or a motion picture film, wherein measurement of change in attitudes may be the desired objective. The results of such studies have been rather uniformly negative or inconclusive. This may be because of no change or the inability to measure minute changes. The results are usually small in comparison to the differences existing among the persons prior to the introduction of the experimental factor. The difficulty may be that of too great fragmentation. It can be likened to making careful measurements of a section of the coast line, then placing a pebble (introduction of a pamphlet) on the beach and again measuring the same area to see what changes have taken place. Considering the myriad of forces which affect persons throughout the life span, measuring the lasting effects of such fractionated activities becomes an impossibility at the level of scientific evaluation. If, however, the objective is simply to measure the momentary effect of a film or pamphlet, then with before and after measures, this more limited goal can be achieved.

Cumulative Effects: It should be pointed out, however, that in the broad strategy of prevention it is possible that small differences operating under a general philosophy may have a cumulative impact which cannot be appraised in terms of piecemeal studies or studies of segments. A combination of several activities (individually selected on a basis of personal likes and professional judgment) operating over a period of time, may produce results which are measurable in terms of scientific evaluation with instruments now available.

This then necessitates comprehensive studies of large program areas wherein measurements are longitudinal in scope. One such plan was formulated at the Lake Wilderness Conference (*32). Two comparable communities were to be selected, one as experimental and the other as control. In the experimental community a well-rounded total mental health program—to be determined on a basis of empirical judgment—would be set up, including consultation services, treatment

resources, adult education, and school mental health activities. The control community would be limited as much as possible to a minimum of existing resources. Evidence of value would be based on a longitudinal study of school children in both communities over a 12-year period. Changes which might be expected as a result of such total services were listed as follows: (1) Reduction of antisocial and asocial behavior; (2) reduction of intergroup barriers (including intrafamilial tensions); (3) promotion of acceptance of responsibility according to given age levels; and (4) education of parents and teachers to "emancipation ideation." At the close of this conference it was agreed that steps should be taken to see if some foundation could be interested in underwriting such a comprehensive study.

Concurrent Counter Effects: On the other hand, the question of validity of accumulation of effects must be weighed in the light of possible concurrent counter effects which may be greater in number or intensity. For example, in the school setting a school mental health program may be set up which is fundamentally sound; outside of school hours, however, the same children may be affiliated with a neighborhood gang with antisocial objectives. Resultant behavior may therefore be unacceptable, not by virtue of the inadequacy of the school program *per se*, but due to more powerful concurrent counter effects from the gang activities.

Concurrent Parallel Effects: Consideration must also be given to the possibility of concurrent parallel effects which offset or transcend the selected factors included in the experimental project. For example, a project in psychosurgery might be set up with an experimental group receiving psychosurgery, and for comparison purposes a control group wherein such surgery was not included. If greater improvement occurred within the experimental group than within the control group some of this difference might be erroneously accredited to incision of the cortex, unless cognizance is taken of possible simultaneous effects. It is highly conceivable that the greater attention received by the experimental group, and the experience of being placed under an anesthetic, making an incision, and subsequently wearing a bandage might produce some effects without actual operative work on the brain. Also if in subsequent psychotherapy with both groups, the therapist had knowledge as to which was the experimental patient and which the control, this might significantly change the patient-therapist relationship.

Emotional Components of Learning: Too frequently in educational efforts it has been assumed that with the acquisition of sound knowledge there will be a modification of attitudes and behavior and that this will be in the desired direction. People need motivation to learn—they need to have incentives as a first step in learning to change. Also it is being increasingly recognized that emotions are of the highest importance in the learning process. Emotional involvement is essential if real changes are to be made. Emotional involvement, however, may serve either as a deterrent or as an accelerator in the learning process. In attempting to change attitudes and behavior, consideration must be given to the degree and kind of emotional charge inherent in the subject matter, as well as the nature of the emotional involvement experienced by the recipient. It may be a relatively simple task to inform a mother as to what foods make up a balanced diet, and even to get her to present the acceptable foods to her child. However, if the child is underweight and the mother is extremely anxious about his health, with all of the emotional ramifications involved, the task of helping her to change her attitudes and behavior in such a fashion as to bring about satisfactory eating habits, will be greatly enhanced in difficulty, and quite different techniques may be required.

Selective Perception: In evaluation studies there is a strong temptation to accumulate behaviors or incidents thought to be significant for the condition in question; for example, evaluation of early child-rearing practices tend frequently to stress particular incidents, such as breast-feeding, bowel-training, dependency weaning, et cetera. Frequently such studies in terms of these specifics do not seem to confirm the hypothesis being tested. In a specific study of 162 farm children, Sewell (255) indicates that the findings failed to show a direct relationship between specific infant disciplines and childhood personality adjustment as measured. In a review of many studies, Orlansky (244) makes the following summary statement:

This paper reviews some of the empirical data bearing on the theory that various features of infant care determine adult personality. Our conclusion has been largely negative, and we have been led to substitute a theory which emphasizes, instead, the importance of constitutional factors and of the total cultural situation in personality formation; the importance of postinfantile experience is also indicated. * * * (P. 42.)

Increasingly it is coming to be recognized that consideration must be given to how a situation is perceived, and that an effort must be made

to capture the spirit of relationship or the feeling of relationship in emotional criteria, rather than totally focusing on practices which in and of themselves are considered by professionals as being good or bad. Combs (5) points out the importance of viewing behavior as a function of perception:

More and more we have come to understand that the individual's behavior is not so much a function of the physical stimulus as it is a function of his perception of the events to which he is exposed. It is the meaning of events to the individual rather than the externally observed nature of events which seem crucial in behavior. * * * (P. 662.)

What effects might we be able to produce by providing experiences that build adequate concepts of self in children and adults? * * * If freedom to perceive is a function of adequate perceptions of self it should not surprise us that the child who perceives himself as unwanted, unacceptable, unable, or unliked, behaves in rigid fashion. It should be possible, too, to reverse this process and produce more adequate perceptions by systematic efforts at producing more adequate definitions of self. The possibilities seem tremendous but we have scarcely scratched the surface of this problem. (P. 672.)

This demands greater cognizance of the importance of perception, and the disparity between how the professional rendering a service perceives an incident or type of behavior and how the same thing is perceived by the recipient or consuming public, and more particularly the variations of percepts characteristic of different segments of the consuming public.

This concept of selective perception must be considered both in relation to the professional worker and the people to whom a service is rendered. In the research methodology applicable to the evaluation of mental health activities, particular attention should be given to the tendency of some investigators to utilize selective perception in the assessment of their data. New concepts in methods may come to light more easily if this factor of selective perception related to prevalent theories of human behavior is carefully inventoried at every step. This argues for greater use of an interdisciplinary plan of design and interpretation, and for interdisciplinary conferences in developing the systematic framework of a field or problem, thus reducing the dangers of selective perception.

Durability: A complete research design will include a followup study to determine the durability of the effects that may be found at the close of an experimental period. Frequently small changes can be produced in short periods which cannot be sustained over a longer

period. This question of durability, together with other considerations, such as fragmentation and cumulative effects, argue for the establishment of types of studies which follow individuals and groups over a longer period of life span.

Exploratory Research vs. Validation: It should be emphasized that the careful following of the rigid research design for a particular purpose does not include the full scope of research enterprises or scientific inquiry. The creative process in research involves a human correlator who secures an insight from congeries of studies, sees them in new relationships, and then comes out with concepts worthy of further testing.

Scientific study of human behavior and personality development constitutes a task of great magnitude. While emphasis has been placed on the importance of adequate methodology, the need for exploration must also be recognized. There is a need for more refined description of behavior in relation to the dynamics of the personality.

In the process of reviewing various studies reported in the literature this Committee has been impressed with the number of studies which neither fulfill the role of exploring new leads nor serve to adequately validate earlier established leads.

Evaluation and Agency Resources: Evaluation at some level should be a continuous process in any operating program. Without such stock taking, activities may be continued through sheer force of habit, and without consideration of whether an earlier need is still in existence. Some activities may be likened to the illustration given by Bruch (202):

An old Prussian story comes to mind. In a certain garrison a fence needed painting. In order to prevent passers-by from touching the wet paint six soldiers were commandeered to walk around the fence. Twenty years later an efficiency-minded new commandant examined the disposition of his men and discovered that six soldiers walked, day and night, around certain barracks. After exhaustive research the original reason was discovered. It seems to me that much of what is advocated as newest psychologic technique is akin to the guards pacing around a fence painted 20 years ago. (P. 578.)

Agencies have sprung up from time to time in an opportunistic and uncoordinated fashion. With the passage of time, social needs change, thus requiring changes in program activities. In many operational or service programs, because of staff and budget limitations, evaluative efforts will have to be limited to consideration of changes in desires

and values as expressed by the community, by professional appraisals, judgments, and by scientific evaluation at the exploratory level only. Validation of such exploratory leads through research studies meeting the necessary rigid research designs frequently will have to be left to research centers, graduate schools of universities, and medical schools, wherein certain limitations inherent in operating agencies are not involved.

The frequency in which research and service agencies in the same community operate in "isolated cells" is impressive. A research center may operate in an "ivory tower" and fail to include for research validation valuable exploratory leads in an applied field because of lack of such information, and with efforts limited to the pursuit of preconceived hypotheses which preclude other experimental approaches. Conversely, in an operating agency, experimental leads are discovered and attempts made at scientific validation with faulty conclusions and interpretations, as a result of inappropriate or inadequate methodology and in the absence of technical research "know-how."

There is, therefore, great need for closer communication, and a combining of efforts, wherein the research center can serve as the research arm of the service agency.

II. *Comments Relating to Mental Health Activity Areas*

The Committee has selected seven general areas into which evaluation studies of mental health activities may be grouped. Of necessity any such arrangement is an arbitrary decision with the lines of demarcation not too clearcut in some instances. Furthermore not infrequently a given study may be applicable to more than one area. The areas designated are as follows:

- Community organization;
- Administration;
- Professional personnel;
- Education and Information;
- Preventive effects of programs;
- Factors influencing individual mental health; and
- Diagnostic, prognostic, and treatment procedures.

In this section of the report an attempt has been made to describe or define these areas and to cite one or more studies illustrative of evaluative efforts in each of these areas.

Community Organization

Definition: Included in this area of activity are studies aimed at evaluating the collective effectiveness of community programs designed to improve mental health. Emphasis is upon studies which are relevant to the *aggregate* of activities and programs, and their interrelationships.

Included, therefore, are studies which have a significant bearing on planning appropriate mental health programs. Among these are: (1) Studies of socioeconomic and cultural characteristics of communities; (2) studies of patterns and interrelationships of mental health

services; (3) surveys and other tools designed to measure public opinion and extent of mental health needs; (4) checklists which may be used by civic and governmental bodies as guides to planning; (5) studies of community processes in arriving at decisions to create mental health services.

Discussion: In considering the effectiveness of the total existing community program, one is impressed by the fact that the state of mental health of a community, or an individual within a community, is a product of a multiplicity of factors and sources. Therefore, many of the evaluation efforts should lead toward the appraisal of the net effect of broad community forces.

Moreover, because of the complexities of human problems, the trend has been to create specialists, and specialized treatment agencies aimed at treating different aspects of personal maladjustment. The picture tends to blur, however, in some communities where there is little clarity about which individual should go to which agency or clinic. Do the sickest individuals go to clinics under medical direction, do they go to family service agencies, or do they go wherever there is an open hour available? Should social agencies and clinics, which are both concerned in varying degrees with problems of personal adjustment, combine different kinds of talent and a greater variety of functions under one administrative roof? Do we have the best, most economical, community pattern of treatment services when we specialize and fragmentize our services by age range and intensity of emotional disturbance? When should the specialist be brought into the picture? How do we appropriately combine the efforts of various specialists so that the problems of the whole person and of the whole family are not overlooked? It appears that continuing and extensive research is needed to answer these questions.

Some of the defects of community patterns and designs in meeting mental health needs stem in part from the manner in which certain services have sprung into being. In spite of considerable progress in the creation of facilities for orderly community organization, there is still a tendency to develop community services on the basis of expediency and in response to special group pressures. Agencies, clinics, and other remedial instruments have sprung into being with little or no supporting data to show the actual extent of need. What part of the total need does this or that fragment of service meet? Since the answer

to this question is rarely known, since studies of prevalence and incidence are indeed rare, community health and welfare leaders continue to grope, and improvise on a year-to-year basis. At times, those who pay the bills for services lose heart and faith when we cannot demonstrate a lessening incidence of adjustment problems. The fact that a rise in the incidence of such problems may have little or no bearing on how effectively the psychiatric clinic and social agency system perform their services is not too generally understood. Thus the need for studies of prevalence and incidence continues to be a crucial factor for effective interpretation of what kind and how much service a community needs.

Another approach in evaluating the aggregate of activities influencing mental health is the technique of the family count, indicating the exposure over a period of years of the family unit to the various services and activities. From such data conclusions are drawn as to the effectiveness of the individual activities and particularly as to the total effectiveness of the community program.

Illustrative of such studies in this area is the study carried on by Community Research Associates at St. Paul (47). The following figures are of significance:

Among the 41,000 families under the care of St. Paul agencies in November 1948, about 7,000—7 percent of the community's families—were dependent, nearly 11,000 had problems of maladjustment, well over 15,000 had problems of ill health, and almost 19,000 were being served by public and private recreation agencies. It can be seen at a glance that some families had more than one kind of problem. Seventy-seven percent of the dependent families also had problems of ill health or maladjustment. Fifty-eight percent of the families with problems of maladjustment were known to agencies in the other service fields. Thirty-eight percent of the families with health problems also had other problems. The most dramatic evidence of the vicious circling of problems in St. Paul's families came with the discovery that a group of 6,600 families, about 6 percent of the city's families, were suffering from such a compounding of serious problems that they were absorbing well over half of the combined services of the community's dependency, health, and adjustment agencies. (P. 9.)

Based on such observation Buell, the principal investigator, comments as follows:

A communitywide program should be designed to utilize available services with the maximum of effectiveness and economy. Much of the present waste is due to misdirection. In most communities within our knowledge, a disproportionate amount of time and effort is spent upon families discovered too

late and for whom the prognosis is bad. In consequence, too little is available for those in which hopeful elements are more readily discernible. * * * (P. 416.)

As a result of the findings in the St. Paul study, Community Research Associates is presently setting up a 3-year experimental program in Winona County, Minn. (*48). The purpose of this study is to develop "know-how" and to test methods practically applicable to the community-wide prevention and control of this problem.

In considering "need" on a communitywide basis, it must be recognized that in the area of human problems need tends to be relative. Need actually is a reflection of the state of mind of the community and the individuals which make up the community. Any efforts to establish criteria or indices of necessity must therefore rely upon devices which measure the aims, impressions, and standards which a community or the people in that community set for themselves, as well as any statistically determined criteria.

Administration

Definition: Although closely related to the previous section, emphasis here is placed on evaluation of segments rather than on the aggregate of community mental health activity. Some of the questions raised here are: How effectively and efficiently is the clinic or agency or other instrumentality carrying out its central purpose? Are shifts in program or policy required to meet changing needs? What types of functions should different staff members be performing and how organize and allocate staff to achieve better results?

Discussion: As has been pointed out in the preceding section on Community Organization, community agencies have sprung into being in response to immediate pressures, and not infrequently on a basis of some felt need by special groups, which may or may not be of a transient order. Furthermore, the social order changes with the passage of time, and new needs or different ones emerge with a resulting diminution of previous very vital needs. Once a program or service is set in motion, the momentum tends to carry it on automatically.

Established policies and procedures tend to become fixed. It is therefore essential that evaluation become a continuous process, with cognizance of social change, to take stock from time to time as to what role the particular agency should play in meeting present needs in the light of newer programs which have come into being. Also, not infrequently, the initial objectives may not have been too clearly defined

or delineated, and there may not be agreement among agencies and even among staff members of the same agency as to the relative roles of the agencies involved.

Also, there must be continuous evaluation of the effectiveness of organization and administrative procedures and policies in terms of achieving the goals of a specific mental health activity. Using the mental hygiene clinic as an example of one activity, there are a whole series of considerations which must be given attention. In the light of increased recognition of the need for prevention, what portion of the clinic staff time should be devoted to consultation and educational services, and how much to treatment of individual cases? Is such a decision based on community needs, or do the interests of the staff and familiarity with a previous pattern take precedence?

The whole question of clinic intake policy has received little systematic study. In one study based on 500 cases at the Child Guidance Clinic of Los Angeles, Anderson and Dean (265) have concluded that three-fourths of the children included in this sample could have been cared for by persons or groups of persons less specialized than the psychiatric clinic team. Since most clinics have long waiting lists, resulting in increased demands for more and larger clinics, this question of suitability of intake has a direct bearing on the most efficient utilization of total existing community resources. In another setting, the Mental Health Study Center of the National Institute of Mental Health (*361) is studying the sources of referral. A large percentage (approximately 10-50 percent) of clinic patients refer themselves. The essence of this project is to study a shift in primary referral relationships from individual patients to professional persons. Self-referred individuals are directed to agencies or professional persons rather than accepting them as patients immediately. It is hoped to determine whether such a procedure will make for more adequate case selection as well as providing contacts for followup services.

The above questions have been cited simply as being illustrative of the many considerations that must be taken into account in evaluating any one of the services which together make up the mental health resources of the community.

Professional Personnel

Definition: This section is concerned with evaluation procedures in the selection and training of professional workers in mental health

activities, such as diagnostic and treatment services, public health, social work, recreation, education, and other related services.

Discussion: Qualified personnel with adequate preservice and inservice training for mental health community services is an essential and often neglected need of mental health programs. A service may be established with goals or objectives defined and then proceed on the assumption that, given certain personnel with conventional specialty training, results commensurate with the service objectives will follow. With the present emphasis on preventive activities, psychiatrists and clinical psychologists, for example, are expected to render consultation and educational service as well as the standard diagnostic and treatment functions. There is therefore great need to evaluate the adequacy of preservice and inservice training resources to assure the development of these additional required skills. Similarly, in the light of the present concept of the teacher as playing an important role in the total personality development of the child, consideration must be given to the adequacy of teacher-training programs in providing suitable preparation for this larger role.

Although there are few scientific attempts to evaluate techniques for selection of professional personnel, two studies may be cited: Kelly and Fiske's (114) selection of clinical psychologists, and Holt and Luborsky's (110) for psychiatrists.

At the present time curricula of professional schools rarely include education and training specifically designed to prepare the student for community service in mental health. This might include learning community organization, leadership, role of groups, social structure, social pathology, epidemiology, interdisciplinary integration, and others, as they relate to mental health. The preparation he receives usually takes place as a byproduct of theoretical courses in mental health and in community organization in the generic sense, fieldwork placement, casework practice, or of occasional field experiences (home visits in medical education). Although descriptions of such educational attempts appear in the literature, there is a paucity of published studies on the theory and method of training for community service, as well as an absence of evaluative studies in this field.

Efforts to provide inservice training frequently include the use of institutes, workshops, and conferences, with some attempt to evaluate the effectiveness of such techniques. One of the few institute evaluation studies to incorporate before and after measures, as well as at-

tempting to measure attitude changes and new or changed activities, is the Alameda study (120). Another approach among the studies in progress is that of Bower (*98), which employs application of Stephenson's "Q" technique in investigating changes of self-perception and self-ideal as a result of workshop experiences.

Education and Information

Definition: This rather broad area includes the various efforts aimed at educating and informing the general public in mental health concepts. Included are such activities as educational services for children through school programs, organizations, religious and recreational activities; adult education programs in schools, health departments, mental hygiene clinics, mental hygiene associations, and other agencies.

Discussion: There is need to identify the premises and assumptions on which current mental health activities are based. Moreover, there is a need to evaluate the effects of such activities in the light of these premises and assumptions. Educational efforts have been boundless and with great enthusiasm attempts have been made to "cover the waterfront." The gamut of approaches have included lectures, discussion groups, classroom activities, psychodrama, sociodrama, plays, films, pamphlets, radio and television skits, et cetera. In considering the basic assumptions it is pertinent to ask by what right we ask change in others and how sound is our available knowledge. Robinson (*170) observes that:

One has only to turn on the radio to hear these offers—the announcement of the latest pill that will cure the backache or the headache, stay the march of the dreaded cold germ, or the vitamin that will insure complete well-being. Added to these one hears today in increasing volume the offers of health services, for tuberculosis, rheumatic fever, cancer, polio; and now the offer of mental health in the same total and glowing terms holds out the promise of "cure" to the troubled individual.

As we react against these advertising methods in their use of fear and pressure and promise of total cure, we differentiate ourselves as professional groups—teachers, social workers, sociologists, psychologists, psychiatrists—dedicated to purposeful change of attitudes by the fact of our primary concern for the individual. We have no ax to grind, no special interest of our own to further. Even so, we must stop to wonder at our own temerity and arrogance in asking change of others, we who do not know what we think beyond today nor in what direction we are moving. * * * But without the conviction, "I have something to give that you need, I know something of value that you do not know," no one would attempt to change another. This bold, presumptuous and terrifying

assumption underlies every effort to bring about change in others and we must come to some terms with it in examination of our own will, our purpose, and our professional function. (Pp. 2, 3.)

Assuming that there was a sound basis of knowledge upon which to base mental health educational efforts, the question must be asked as to whether attitudes and/or behavior can be changed through such efforts as lectures, motion pictures, pamphlets, et cetera.

Ginsberg (*14) points out that:

It is especially curious that mental hygiene, a field in which psychiatric knowledge has been a keystone, should seemingly have been so uncritical about this whole problem of attitude change. One would have expected that any psychotherapist who has struggled long and valiantly to help people change their attitudes would be especially skeptical about the whole armamentaria of mental hygiene activity even where he agreed wholeheartedly with its goals and purposes. Such, however, is not the case: Apparently, it has simply been assumed by the mental hygienists that the attitudes of adults can be changed and that such changes can be effectuated by lectures, motion pictures, dramatic playlets, etc., and that this shift in attitudes will be followed by change in the individual's behavior in the related area. This has, basically, been accepted on faith, a part, as it were, of a credo to which one subscribed.

Many of the attitudes which mental hygiene attempts to change are basic and deeply rooted in the personality; much of the optimism about changing attitudes stems from successes influencing much more superficial attitudes, such as the choice of a cigarette brand or food preference.

It should be noted that practically all the studies dealing with change in attitudes have been directed to what one might call "sociological" stimuli, such as attitudes toward religion, capital punishment, interracial relationships, etc. Very little has been done about those more deeply rooted attitudes in which mental hygiene is primarily interested, as attitudes towards parents, siblings, etc. (Pp. 28, 29.)

Similarly Ridenour (169) poses a question and suggests an answer:

What criteria do we have as to the effectiveness of our educational techniques? The sad answer is: None to speak of. The amount of wishful thinking which goes on with respect to educational methods is appalling. * * * A desperate need in this field is for research in educational methods. Without it, we shall continue to waste much effort and make many mistakes of which we are not aware. * * * The only really valid criterion of the effectiveness of any technique is: *Does it change human behavior in the desired direction?* And the answer to this we rarely know. We must therefore await some basic research. (P. 566.)

Illustrative of attempts to measure the effects of a single educational effort, such as a film or pamphlet, are three studies which have been made on "Pierre the Pelican." This is a series of pamphlets for the

parents of first-born children, especially designed to cover good principles of child-rearing beyond the area of physical care. The concept of emotional readiness and proper timing is considered important in an effective learning situation. This series accomplishes this objective particularly well in that it is directed to a homogeneous, highly motivated group. The three studies represent widely separated geographical areas—Louisiana (172), Michigan (131), and North Carolina (*142)—and vary considerably in adequacy of methodological design. Time and space do not permit a critical evaluation of each of these studies. Such a review, however, would throw light on the many problems which must be faced in such evaluation attempts. All three studies give evidence that the pamphlets were read and that the recipients felt that they were helpful. The Michigan study suggests slight increases in knowledge and comprehension in favor of the experimental group as against the control group. In the North Carolina study, attempts were made to measure changes in behavior, the preliminary report being limited to a few questions relating to child-feeding practices. Here it was shown that Pierre's recommendations have had relatively little or no influence upon feeding practices of the parents of these children. To take the position that this series affects in any way, either positively or negatively or not at all, the mental health of parents or children is of course untenable.

The above studies represent attempts to measure the effectiveness of a given item of educational material in the light of different levels of evaluation, and with limitations in experimental design.

Many other studies could be cited wherein attempts have been made to measure scientifically the effects of a specific item in an educational program, in relation to broad goals or objectives, with equally discouraging results. If such measurements are to be attempted, the objectives must be strictly limited. It is possible, for example, to obtain reactions of audiences to a film or pamphlet; to secure a measure of information imparted at the time; or to measure attitude changes at a given moment. It does not seem possible (the absence of refined instruments of measurement being one of the deterrents) to determine the effect of such a segment on lasting changes in attitude or behavior.

Margaret and John Cumming (*135) have attempted to measure the effects of an intensive educational program (containing a wide variety of material) on public attitudes toward mental illness. An experimental and control community were used with before-and-after

measures. A preliminary report gives indication of limited achievement as far as teaching accepted principles and attitudes was concerned, but that the untoward unexpected result was that of increasing anxieties in the participating community which seemed to make for less adequate interpersonal relationships within that community, in contrast to the control group. The authors caution that:

Educators must consider what "good" functions they may be disrupting along with what "bad" ones they are trying to replace or they will meet with failure in attempts to change patterned responses to mental illness. (P. 6, Abstract.)

There is great need to set up a well-integrated total mental health education program with adequate research design to measure the overall impact. Of necessity the content of the program would have to be determined by a consensus of the best empirical judgments. Using experimental and control groups, with before-and-after measures, might make it possible to measure the total impact of such a program. A third measure after the lapse of a considerable time interval following completion of the program would furnish evidence as to the durability of the results.

An important field of mental health activity is represented by efforts to change the climate of schools, the attitudes of teachers, and program activities so that they will contribute to the emotional well-being of the pupils. One of the more comprehensive appraisals of such efforts is that of Ryan (175) published in 1938. The Commonwealth Fund financed the study and during 1935-36 secured the services of Dr. Ryan to travel widely and visit schools and clinics of various kinds to learn at firsthand what was going on in education at every level in respect to mental health activities. The report, in book form, gives an account of this contribution, immediate and potential, and describes some of the interesting changes going on at that time in education that appeared to be in the direction of better mental health and more wholesome living. The report is also replete with excerpts and references giving an overall view of the thinking and activities of the time. It would be most timely if a similar comparative review could be made now after the lapse of 15 years.

In the Detroit Citizenship Education Study new evaluative devices for measuring growth, with special reference to "emotional adjustment," were used. Pflieger and Weston (163) conclude that continuous evaluation of school and classroom practices is essential for this purpose:

* * * The feelings of children reveal their problems, which are, in turn, the obstacles or the means to maturity. The feelings must then be ascertained to the best of one's ability. Teachers and administrators need to evaluate their educational programs continuously to make sure that the practices and procedures are affecting the feelings of children favorably, so that they can develop into better citizens. * * * (P. 141.)

Evaluation cannot stop at this point. * * * The problems of the school continue to change as the community and nation change. * * * Many techniques for evaluating a citizenship program have been described or mentioned in this report. Some are more suitable for large groups; others fit small group situations better. So far no evaluation techniques have been devised which are infallible. * * * (Pp. 142, 143.)

In an attempt to review progress, needs, and possibilities in such areas as students' personality and performance, curriculum planning, teacher growth and development, Gans (141) and others point out that "three fronts—the broad sociological and cultural-anthropologies, the psychological and psychiatric, and the educational—must be recognized for the bearing each has upon teachers and their professional fitness." Mudd (158) states as follows:

If we believe, as we say we do, that schools are concerned with the total growth and development of children, then opportunities for evaluation must be many and varied. * * * Group evaluation of the varied activities in which children engage in the school is an integral part of the care program. * * * (Pp. 82, 83.)

At the present time a number of specific mental health projects are going on in various schools throughout the country with attempts at evaluating their effectiveness. Only a few are cited here as being illustrative of such efforts. The Forest Hill Village Project (*179) conducted in a suburb of Toronto, is a 5-year study with a many-pronged approach. The several aspects include (1) teacher training, (2) clinic team resources for disturbed children requiring treatment, (3) a parent education program which, among other things, provides relatively free discussion regarding mental hygiene principles and (4) the operation of a particular kind of "human relations classes" in selected grades of the schools. These "classes" are opportunities for students to talk freely and regularly about "anything they want to talk about in whatever way they wish."

Another study is the Three Schools Project (*162) which is a planned effort to evaluate the effects of intensive social and psychiatric treatment services in the school setting, as well as to reach children with problems, where they are most accessible.

A third approach is that of the Harlem Project (*145). In this study of maladjusted children, clinic treatment is given both the experimental and control groups, the variable being enrollment in special schools with selected teachers for the experimental group following treatment, and the control group continuing in regular school placements subsequent to clinic treatment.

Still another approach is that of Ojemann (*160) at the University of Iowa. This is an attempt to revise curriculum texts in such a way that the dynamics of behavior are integrated into the core areas, rather than being limited to the "surface" approach to human behavior as has been the usual procedure. Since other school experiences which affect the child should be integrated and consistent, a concomitant aspect is the training of teachers who are to use this revised course material.

Preventive Effects of Programs

Definition: Because of the natural tendency to move from diagnosis and treatment of mental health problems toward prevention, there have developed many activities specifically aimed at promoting better mental health and nearly all the activities include some attention to the preventive aspect. Prevention is more of an aspect of any mental health activity than an activity in itself. However, for purposes of this section of the report, it was deemed desirable to give consideration to evaluative studies wherein the specific stated purpose was to measure the preventive effects of a given procedure in relation to specified maladjustment as, for example, delinquency or mental illness.

Discussion: As has been pointed out in the introductory section of this report, in the enthusiasm of promoting preventive activities some people have made rather far-reaching claims, such as: That adequate provision of mental hygiene outpatient clinics will reduce the numbers of patients admitted to mental hospitals; or, that provision of particular services will reduce the rate of delinquency. It, therefore, becomes imperative that consideration be given to present evidence for or against such claims.

This is one of the most elusive problems in evaluative research, and there have been few studies which shed light on this question. The Cambridge-Somerville Youth Study (194) is illustrative of a rather comprehensive attempt to show a reduction in delinquency when continued friendship and wise counsel from adults are provided for poten-

tially delinquent boys. The study includes a 10-year followup evaluation, involving both experimental and control groups. It was found that there was very little difference between the control groups and the treatment group as to the adjustment of the boys when last known. Within the total group subanalyses show that, in certain cases, the services provided were beneficial. This study is of particular value in pointing up the problems which must be met in carrying on a long-term longitudinal study as well as contributing to more adequate theoretical considerations.

Another study presently going on and reported by Havighurst (*192) and Bowman (*190) is the Community Youth Development Program. This is an experiment to test "the hypothesis that the community, through local persons appropriately trained, can increase its production of unusually able, creative young people and can reduce its production of socially and personally maladjusted young people." This is a 10-year project, using as experimental groups one of school-age gifted children and one of maladjusted children, with suitable control groups.

Cunningham (191) has attempted to show, in terms of dollar costs, the savings accrued through treatment in a mental hygiene clinic of children who would in all probability have otherwise required institutional care.

Factors Influencing Individual Mental Health

Definition: Studies in this group are attempts to identify and compare the etiological and precipitating factors in the history of disturbed and nondisturbed, or delinquent and nondelinquent individuals. Here are included, for example, evaluation studies of early child-rearing practices, relationships in the family, deprivation and separation, as well as the familial and biological factors included in hereditary, constitutional, racial, and socioeconomic comparisons. The group thus includes both evaluations of practices and studies which attempt to tease out process and causal relationships.

Discussion: Progress in understanding individual factors in mental health depends on further fundamental studies and systemization in the area of personality development.

The studies of this section seem to yield a consensus that gratification and affectional relationships are superior to deprivation, rejection, and

severe frustration in the development of a healthy personality. From the research point of view, it seems necessary to interpose the phrase "other things being equal."

Epidemiological methods emphasize the use of controls in the form of indices of pathology in the general population, whenever rates of specific disorders are under study. Attempts to ferret out indices of attitudes, behavior, and emotional states in populations can justifiably be put to the same test. However in the field of mental health, the presence of multiple factors affecting the behavior of individuals, might require the comparison of patterns or constellations of traits, rather than one-to-one ratings on standardized bases, in order that isolated factors not be given equal weights, irrespective of the influence of other variables.

It seems probable that the small margins of confirmation at times on the generality of the findings arise from such things as failure or inability to control loading factors, constant errors in the design of studies, counter effects of other impinging forces, or a combination of these. Often studies operating for brief periods show small differences in the expected direction. More needs to be known of the possible cumulative effect of small differences when they operate over long periods of time. On issues of this order of importance it is desirable to have the best possible studies. These may need to be more systematically longitudinal and multidisciplinary in character. Clarification of relevant theory and some synthesis of concepts from related disciplines will be valuable.

While there are many studies which have attempted to increase our knowledge of the etiology of mental illnesses, the results to date have fallen far short of what can be termed validated scientific information. Essentially we have only hypotheses as to possible causes. In part this state of affairs is due to oversimplification of the problem—attempts to find "the cause" rather than recognizing the probability of there being a multiplicity of factors in causation—and attempts to make the findings fit preconceived theories.

This whole problem of the etiology of mental illnesses and the extent of the ground work yet to be done has been overcritically defined by Pasamanick (31) but he aptly presents several significant issues. He states:

When we examine the history of psychiatry as a science, the writer believes that it is not too difficult to discover the source of many unfortunate errors. In

the development of a science—a process which one might summarize roughly as, first, crude observations; next, statements by great men as forerunners in the discipline; then classification; then framing of hypotheses; experimentation to allow or disprove hypotheses; and finally the formulation of laws—it must be recognized that psychiatry has probably not yet left the stage of statements by great men * * *.

The writer would like to call attention again to the fact that while psychiatry is old in years, it is in truth exceedingly new, since most of its investigatory tools and techniques are still in the process of development. Psychiatry is complex, and is heavily involved on every level of integration from the cultural to the physiologic, and it is not a simple task to assign etiologic roles to multiple factors. It is also, therefore, not surprising that we are constantly turning off into pseudoscientific dead end, side streets, which appear attractive because they falsely appear to lead to simple, seemingly logical explanations. The discouraging aspect lies in the great difficulty of regaining the scientific highroad. We shall have to bear patiently with those who cannot change or who even claim, and there are many such, that psychiatry is not or cannot be a science—that it is essentially a subjective investigation of the irrational—hoping that they will not impede progress too much.

It has become painfully evident that, because of the tremendous complexity of the factors involved in the formation of the normal personality structure, not to speak of the sick one, we are unable to take a cross section in time and be certain that we can attribute etiology correctly to specific relationships. Retrospection is open to all the winds of post hoc thinking; and, while it has given us a number of hypotheses to investigate, the fallacies inherent in the method cannot allow of its use in any definitive studies. One is then left with the stark fact that only with the very carefully prepared and controlled longitudinal study of the individual—preferably beginning, if possible, even before conception, and continuing through his growth and development—can we hope definitely to assign causative genetic roles to specific events. This is not too happy a prospect to face, and it is, unhappily, too easy to evade. It means that a number of requirements must be met before such research can be entered upon with any hope of completing such studies satisfactorily. To enumerate the most obvious, we must have: Individuals who will be willing to sacrifice the opportunities of short studies, with that curse of the academic field, large bibliographies; adequate long-term financing; careful planning and good organization; sufficient personnel so that the problem can be surrounded and not escape through some uncovered loophole; and sufficient access for study to a large enough part of the life patterns of enough subjects and their controls, without at the same time having an investigation itself play a definitive role in those patterns. (Pp. 581, 582.)

Questions might be raised on the marked emphasis which Pasamanick gives to longitudinal study. This presupposes that no other methods of ascertaining causative genetic factors are possible. Cross

sectional methods which measure biological effectiveness in adaptation have been emerging, and their ultimate refinement should enhance their usefulness.

As lacking as is our scientific knowledge of the etiology of mental illnesses, we know even less as to what makes and maintains a healthy personality. However, until or unless more adequate knowledge is available pertaining to the factors influencing mental health as well as maladjustment or mental ill health, our armamentarium in the field of prevention is incomplete. For example, from such limited longitudinal studies as we have, we find that certain individuals show rather adequate personality development and adjustment throughout the life span, whereas others rather continuously give evidence of maladjustment, and still others show marked and repeated fluctuations throughout life. However, our knowledge of the etiology of these differences in developmental patterns is essentially lacking. Nor can such information be adequately attained through cross-sectional studies or studies in retrospect, particularly if limited to considerations of illness or maladjustment.

As Thorne (261) points out:

While it may be valid to accept hypothetical models derived from the study of morbid case materials as working postulates in the field of psychopathology, it is probably invalid to regard them as being universally applicable to *all* cases of behavior. In our opinion, qualitatively different hypothetical models are needed to adequately explain the clinical data derived from the study of outstandingly healthy and creative personalities. A person can be free of disease but still spiritually bankrupt, unadjusted, inefficient and creatively unproductive. We would like to postulate that the highest levels of health and creativity reflect the operation of qualitatively different positive principles involving specialized training, the acquisition of self regulation, and the development of special skills and abilities both innate and acquired. It appears that many of us have been looking through the wrong end of the telescope when dealing with normal or creatively superior behavior * * *. (P. 203.)

Perhaps the greatest lack of studies in any of the areas under consideration is that of the etiology of sound mental health, or attempts to determine what accounts for adequate emotional adjustment. One such beginning effort is that of Langdon and Stout (235). After selecting outstandingly well-adjusted school children in two communities, interviews were held with the parents in their own homes. The study tells what the parents said in reply to the question, "What in the

home life accounts for your child's good adjustment?" Following are some interesting and significant excerpts:

The background information which the parents gave shows that there were children from big homes and little homes, from families with high incomes and low incomes. There were children from homes that were owned and homes that were rented, homes in good neighborhoods and in poor ones. There were children whose parents were highly educated and others whose parents had little formal education. As a matter of fact, these children came out of about as many different home conditions as could be imagined, yet all were well adjusted. Opinions will doubtless differ as to which of the conditions contributed to that adjustment and which perhaps made it harder to achieve. The significant thing is that it was achieved under all of them. So something else is the answer. (Pp. 10, 11.)

The wisdom which the parents spoke leaves much to ponder, the bits of homely philosophy, the comments about the learning that comes out of family living, the practical suggestions for meeting this situation and that. But, fraught with more meaning than all else that they said, is the naming of underlying feelings as "most important of all," those feelings that gave tone and color to their family living, those feelings that were the activating force back of all they did, those feelings that, as one father said, lifted the living "out of the humdrum into the exciting." (Pp. 175, 176.)

It is believed that some interesting directions in research might be opened up by increased study of the relationship between reports of affective status and objective correlates. They might become mutually reenforcing methods of study. Thus, if subjective reports can be proved to regularly reflect equilibrium and rate of total growth in a child, as studies suggest, there would be a new confidence in both the report data and in measurements as indices of change in control groups and in experimental cases subjected to treatment. Such ventures are in accord with existing knowledge of such broad concepts as homeostatic regulation and psychosomatic relations. Explorations in these directions might lead to a better understanding of the perpetual question, "Why?" which would place practice on a firmer scientific basis.

Diagnostic, Prognostic, and Treatment Procedures

Definition: This area of diagnostic, prognostic, and treatment procedures constitutes a mental health activity directed toward the identification of patterns of mental disorder in individuals, the prediction of the course of such patterns, and the methods of altering such course. These procedures deal essentially with pattern and process of health

and disease and with means of influencing these. Evaluation of this mental health activity is concerned with the assessment of the validity of these patterns, appraisal of factors which influence the course of disorder, and testing of the methods and results of treatment. Since the scope of this report does not permit a review of all methods of treatment, no attempt has been made to include shock, insulin, and surgical therapies.

Discussion: In reviewing the literature the Committee has been impressed with the quantity of research studies in this area as contrasted with the other areas under consideration. However the numbers of studies embodying adequate methodology for scientific validation of the efficacy of treatment procedures are few. Absence of control groups in studies on the results of treatment seems to be the rule. This need has been recognized by many authorities in the field. Berg (272) points out that all studies, regardless of the particular method utilized, require the use of control groups and the separating of the effects of formal therapy from other influences. Blain (274) states that:

No comprehensive research program for the evaluation of existing psychiatric therapies has ever been attempted. Such evidence as does exist is empirical and remains statistically unvalidated. (Pp. 9, 10.)

In the Proceedings of the Association for Research in Nervous and Mental Diseases, Wortis (268) states as follows:

* * * in this field, concerned with personality disorders and mental illness, we are urgently in need of accurate evaluation studies of the different therapeutic modalities; for too often claims are made for the effectiveness of a specific treatment without our having sufficient basic knowledge of the "life history" of an illness. (P. xi, Foreword.)

* * * A survey of the reports indicates that the therapist should be humble in claims made for the exclusive effectiveness of any one treatment procedure, or for any one factor influencing treatment in psychiatry. It would also appear, as one looks over the data of the course of personality illness and the effectiveness of various therapeutic procedures, that approximately one-third of the patients do not respond to treatment, one-third get well with treatment and one-third may be influenced to a greater or lesser degree by treatment. We have only meagre information concerning what happens to patients who are not treated * * *. (P. xii, Foreword.)

A further observation is that of Pasamanick (31) as follows:

In some of the projected studies just mentioned, it is even planned that preventive programs be applied to a portion of the population, including psychotherapy to those within the sample who are found to require it. Aside from

the problems of randomization and of devising a preventive program, the securing of a control group which would not be influenced by the necessary simultaneous study has not been considered adequately. As for the provision of psychotherapy, the writer would merely like to say that he is unacquainted with a single study in the entire history of psychiatry in which a random sample of neurotics was treated and a control group left untreated or given placebo therapy. It would appear logical to establish first, the efficacy of a method, before it is included as a fixed component in a complex investigation. (P. 581.)

In relation to the psychoneuroses some limited comparisons can be made between independent studies—some of which include the evaluation of specific planned therapy, and others wherein the major factor has been the passage of time, with perhaps some few cases receiving incidental and infrequent assistance from such sources as the general practitioner, clergy, school counselor, etc.

One such study is that of Denker (291) which reports the results of treatment of psychoneuroses by the general practitioner. This was a followup study of 500 consecutive disability claims due to psychoneurosis, and not treated by accredited specialists or in sanatoria. From the results the following paragraph is quoted:

It, therefore, can be seen readily that in this group of severe psychoneurotics, where the inducement to get well was certainly not helped by the fact that disability benefits were received monthly for the duration of the illness, approximately 45 percent of the patients "recovered" within 1 year, complained of no further, or very slight, difficulties, and had made successful social and economic adjustments. Another 27 percent took from 1 to 2 years for a similarly successful outcome, making a total "recovery" rate of 72 percent within a 2-year period. After this 2-year period, results were not as favorable, yet an additional 10 percent recovered in from 2 to 3 years, a few more in 4 to 5 years, and 10 percent of the cases were still totally disabled at the end of a 5-year period. (P. 2165.)

Another study which is of interest along this line is that reported by Wheeler et al. (418). This is a 20-year followup study of 173 patients diagnosed as neurocirculatory asthenia (anxiety neuroses, effort syndrome, neurasthenia) carried on through the Cardiac Research Laboratory, Massachusetts General Hospital and the Departments of Medicine and Diseases of the Nervous System, Harvard Medical School. Brief excerpts from the authors' conclusions are as follows:

After a 20-year followup of 173 patients with neurocirculatory asthenia, it was concluded that this was usually a chronic disorder which does not interfere significantly with the patient's work or social family life, nor does it cause death. This conclusion is based on the fact that in this study 12 percent of the patients

recovered, 35 percent had symptoms but no disability, 38 percent had symptoms with mild disability and 15 percent had symptoms and moderate or severe disability.

There is no evidence to suggest that patients with this disorder develop, in high prevalence, hypertension, heart disease, peptic ulcer, diabetes mellitus, asthma, thyrotoxicosis, ulcerative colitis, hysteria, or schizophrenia * * *.

The published results of therapy in apparently similar cases managed by prolonged psychotherapy, psychoanalysis, and other methods, such as electric convulsive procedure, ergotamine tartrate and adrenal denervation, present no consistent or conclusive evidence that patients treated by these means get along better than patients who have had little more therapy than simple reassurance and the passage of time. (P. 889.)

A third study is that of Morris and Soroker (362), which was a followup by telephone to determine what had actually happened to patients who had applied for service at a child guidance clinic, but had been refused at the time of application because of a long waiting list. Of 72 persons interviewed 36, or exactly one-half, stated that the problems on which they had requested help had cleared up in the meantime. Nineteen had cleared up of their own accord and through family effort. Four had received help by private psychiatrists, and the remainder from such resources as school counselors, teachers, and speech therapists. The other 36 people stated that their problem still existed, but they had not gone elsewhere for help. Sixteen reported that the problem was somewhat better, but only 7 expressed a desire for clinic help, with 5 actually making application through regular channels. In terms of attitudes, with no exception the people interviewed felt that they would have benefited from clinic service at the time they had made application. In this study no comparison was made with recovery or improvement rates of people accepted for clinic treatment. However, if Anderson and Dean's study (265), previously referred to, can be considered as representative of child guidance clinic treatment results, differences in end results between treated and nontreated groups would not be too great. Anderson and Dean, in studying intake policy, concluded that only one-fourth of the children accepted for treatment actually required the services of a clinic team. In studying case-closing policy they found that 31 percent of the patients discharged themselves against medical advice.

Eysenck (298) has made a survey of some 19 studies on the improvement of neurotic patients after psychotherapy—psychoanalytic and eclectic—and has compared the results with studies giving the best

available estimates of recovery without benefits of such therapy. He concludes as follows:

In general, certain conclusions are possible from these data. They fail to prove that psychotherapy, Freudian or otherwise, facilitates the recovery of neurotic patients. They show that roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about 2 years of the onset of their illness, whether they are treated by means of psychotherapy or not. This figure appears to be remarkably stable from one investigation to another, regardless of type of patient treated, standard of recovery employed, or method of therapy used. From the point of view of the neurotic, these figures are encouraging; from the point of view of the psychotherapist, they can hardly be called very favorable to his claims. (Pp. 322, 323.)

From a review of the studies in the literature, it must be concluded that, on a basis of scientific evidence, very little can be said as to the efficacy of different types of treatment for psychoneuroses. This does not preclude the possibility of therapeutic effectiveness. There are obvious shortcomings in any study involving actuarial comparisons, and these become accentuated in the face of little agreement on fundamental concepts and definitions. Such considerations have been aptly set forth by Rosenzweig (947) in his reevaluation of Eysenck's data. On a basis of value judgments, on the part of both patient and therapist, based on the "law of the case," there is evidence of the value of psychotherapy, under certain conditions and for certain patients. It is important, however, to recognize at what level of evaluation claims can be made. There is great need for comprehensive definitive studies in which provision is made for comparisons with carefully matched control groups. Pasamanick (31) points out that:

This attitude (lack of concern about refinement of classification of mental illnesses) displays itself further in an increasing neglect of clinical diagnosis, so that, for example, it is possible to find, relatively, 10 times as many manic-depressive psychoses in the State hospital statistics of one State as in those of an adjoining State. This should bring about an immediate investigation to ascertain associated factors which would soon give us the cause of this disease, were it not known that the difference is merely due to the traditions of diagnosis in the two States. Under such conditions one begins to despair of the possibility of epidemiologic studies, even of hospitalized patients. (P. 578.)

Attention should be given to such considerations as (1) objective diagnostic measures or personality profiles, (2) stage of the illness at time of treatment in relation to time of onset, (3) severity of the illness, (4) selectivity of treatment in relation to the patient's problem

and needs, (5) objective measures of change rather than impressions of "recovery" or "improvement," (6) measures of the effects of the relationship influence of the therapist upon the process and results of therapy, and (7) measures of the effects of the treatment setting itself upon the patient.

A firmer basis for comparisons of treatment and control groups could be made by the use of objective measures of the patients' attitudes, needs, and behavior rather than on diagnostic labels. Relative to integrating clinical practice with evaluative research, Luchins (24) comments as follows:

Clinicians are not unaware of the need for sound theoretical and experimental foundations for clinical practice. But study and research aimed at establishing such foundations tend, in large measure, to be concerned with attempts at objectifying, refining, or interrelating *existing* methodological and conceptual tools of clinical psychology. There is a tendency to continue down beaten pathways rather than to seek new approaches. It seems to us there is a need for a fresh start: Instead of beginning with prevailing methods and concepts, we ought to begin with clinical phenomena, view them as unbiased as possible, and permit them to suggest constructs and procedures. * * * (P. 440.)

He lists five major premises underlying the experimental approach: (1) The methodological and conceptual tools of clinical psychology should be derived from clinical phenomena; (2) the clinician should deal with each patient as a unique opportunity for observation, exploration, and discovery; (3) dynamics of present behavior should be derived through analysis of immediate psychological field conditions; (4) the personality is a biosocial product; therefore changes may be wrought in the personality by appropriate changes in the social field; and (5) the personality is a function of functions.

Concerning the time element in a disease course and conflicting results of treatment studies, Oberndorf (376) states:

Of course a great number of diseases diagnosed as either organic or functional are self-limited. Any procedure instituted at the time that a malady is on the wane, be it by medical man, ecclesiastic, or layman, will be credited with the happy result. This circumstance accounts for the innumerable remedies for usually self-limited common colds. * * * (P. 93.)

On the other hand misfortune in timing may account for the therapeutic failures of countless procedures—medical as well as magical. * * * (P. 94.)

There is great need for further research as to selection of type of treatment in relation to the patient's needs. There appears to be a

tendency among clinics to use primarily one type of therapy, irrespective of the stated or implied problems, with the type of therapy employed reflecting the selective theoretical point of view of the clinic staff. Zubin (431) points out as follows:

The present-day methods for evaluating outcome of therapy in mental disorders leave much to be desired. The first difficulty comes from the fact that the data usually reported are not satisfactory for evaluation. The second essential difficulty arises from the fact that a given therapy may not be suitable for one patient but be suitable for another. Prognostic tests are needed for forecasting the type of therapy most suitable for a given patient. (Pp. 108, 109.)

In the realm of prognosis, there is also a need for further and more adequate research. Prognosis can be considered in two ways: Immediate—in relation to the degree of illness versus the proposed treatment procedures; and long range—wherein a prediction is made as to the eventual success or adjustment of an individual with a given diagnosis or set of conditions. In general it can be said that predictive studies have tended to be overly pessimistic when comparisons have been made with later followup studies. An example of one such study is reported by the National Committee for Mental Hygiene (371) on the subnormal child—17 years later. This study was carried on at Locust Point District, Baltimore. Of the 166 children diagnosed as subnormal in the initial survey, 122 were contacted and visited 17 years later. Three-fourths of the 122 were found to be economically self-supporting, and only a very few had lived up to the earlier forecast of prostitution, illegitimacy, and general social inadequacy.

Despite the large number of studies on evaluation in the area of diagnosis, prognosis, and treatment, the research design is often inadequate. In addition to the neglect of the use of control groups, other methodological omissions are: Absence of base-line measures, control of variables, fragmentation or segment measurements, and oversight of cumulative effects, concurrent parallel effects, concurrent counter-effects, and tests of durability. The error of selective perception appears to take root with particular ease in this area, and is intimately associated with some complacency on the part of clinicians in relationship to the claimed validity of their results based on "the law of the case."

An additional attitude presented by some is that evaluation in this area defies measurement by virtue of its complex nature and its special characteristics denoting that "human nature" cannot reveal measurable

quantities. That such a premise is unproven seems to be beyond doubt. Watson (413) sums up the problem as follows:

Whatever position one may now take, ultimate reconciliation and integration must be achieved. Research efforts should take advantage of the insights and positive values of both approaches and strive for the development of techniques which will facilitate this recognition. Personal bias will become even more clear when it is stated that the crucial problem is seen as the objectification of data obtained in the course of therapy without sacrificing their dynamic character. In connection with narrative materials new measures are desperately needed which preserve the spirit and flow of the therapeutic relationship without exclusive dependence upon the unique skill of a particular clinician. Narrative case notes and even transcripts are seen as valuable by those who object to the thought of objective research in psychotherapy. Perhaps here is the point at which reconciliation and integration may come about.

It would appear that we shall need methods of analysis on the same patients of narrative case notes and transcripts on the one hand, and tests, rating scales, physiological indices, etc., on the other. How can we analyze both realms of data on the same patients at the same time? If we cannot do so, much of our objective results will be ignored by many practicing psychotherapists. Furthermore these qualitative data will continue to present a legitimate challenge to the validity of the findings, not because the results obtained by objective means are necessarily untrue but because they are woefully incomplete. The intertwined multifaceted, subjective nature of man's experience in psychotherapy, cannot be neglected if research on the effectiveness of psychotherapy is to reach its full stature. (Pp. 63, 64.)

It is not uncommon for professional personnel working primarily in the area of diagnosis and treatment to assume that scientific evidence of results is more adequate or has progressed further in this area than in some of the other areas. In this review of the literature and studies in progress such evidence has not been borne out.

III. *General Observations and Recommendations*

For thousands of years there have been strong and deep-rooted beliefs about the nature of human beings. Although traditionally there has been reluctance to expose such beliefs to investigation, there appears to be a current need for scientific evaluation of efforts designed to effect various aspects of human behavior.

Scientific thought in the health field has largely been dominated by the concept of the single etiological agent. In more recent years, however, the growth of scientific knowledge has indicated that multiple factors must be considered in developing concepts related to mental health. Nevertheless, the methodology of dealing with multiple causation is as yet in a pristine state of development, giving uncertainty to the search for concrete designs for solution of this major problem.

It is recognized that the term "evaluation" used in context of mental health can indicate measurement of need, measurement of accomplishment, and assessment of the methods of measurement utilized. Evaluation thus connotes scientific method, but has characteristics that distinguish it from research, the objective of which is the accumulation and analysis of data in order to formulate hypothesis and theory for the sake of new knowledge itself, irrespective of the judgment of the value of the knowledge. It must be emphasized that this report has concerned itself predominantly with the *measurement of accomplishment*, although necessarily measurement of need and assessment of methods of measurement were, when indicated, taken into consideration. Throughout the discussion of evaluation of mental health activities in terms of this major goal of measurement of accomplishment adherence was given to the essential steps of (1) identification of the goals to be sought or measured, (2) analysis of the problems

with which the activity must cope, (3) description and standardization of the activity, (4) measurement of the degree of change that takes place, (5) determination as to whether the change observed is the result of the activity or due to some other cause, and (6) some indication of the durability of the effects.

In reviewing the problem of evaluation, the Committee was impressed with certain findings which seemed to indicate the need for more adequate research in this area. The review uncovered a seeming duplication of effort of investigators in repeating studies of comparable nature, consistent omission of evaluation attempts in specific areas where the need for assessment is great, and repetition of apparent errors in design and methodology committed by previous investigators. The Committee was of the impression that if investigators had had the opportunity for more adequate study of the literature, they might have proceeded differently with respect to their own projects, with the results that tighter research design and greater knowledge concerning evaluation might have been achieved.

It is hoped that this document, and particularly the compiled reference list, may be of assistance to investigators in utilizing the results of previous studies. It should at the same time be recognized that repetition of research studies by a variety of investigators has some inherent value for purposes of validation, for the purposes of discovery of new knowledge that might accrue from the inclusion of additional variables contributed by differences in settings in which research projects are conducted, and for the value that results in repeating a study in order to elicit involvement and participation of numbers of individuals in the problem of mental health. Confidence in generalizations is enhanced if the same findings appear in the particular places where people work and where programs must be understood and sold.

Traditionally, communities have tended to develop services on the basis of expediency and the varying pressures from special groups. Desirable as these services may be, duplication of effort is inevitable and authentic evaluation is impossible unless the agencies involved plan early for common understanding and cooperation. Parallel independent studies in the same community area, however, utilizing different approaches and techniques, if planned in the early stages, have definite value. There is need for greater use of an interdisciplinary plan of design and interpretation, and for interdisciplinary con-

ferences in developing the systematic framework of a field or problem. It is also essential in all such situations that evaluation become a continuous process.

Another finding was the relative paucity of evaluation studies at the exploratory level, in which new leads to the solution of mental health problems must be awaiting discovery. The emphasis thus far has seemed to indicate that effort has gone into following preconceived empirical concepts and treating the results as if they were hypotheses already well-tested and requiring only additional validation. The formulation of new hypotheses, based upon careful exploratory studies which include the unbiased accumulation of data, is at present a need of high priority with which mental health workers must be necessarily absorbed for some time to come before they can move in combined effort to the careful testing of hypotheses. It also seems apparent that where careful formulation of specific problem areas and hypotheses has been made that investigators must proceed with thoughtful testing by scientific method. This review finds that the need here is also obvious. On the whole, most of the studies in the literature and in progress are of cross-sectional design, which seem to defy the tenets of methodology that must be applied if evaluation in mental health is to be valid. These tenets will more nearly be fulfilled if comprehensive studies conducted throughout longer time spans are emphasized. It is only then, for example, that cumulative effects, concurrent parallel effects, and durability of results can be properly assessed in the measurement of accomplishment.

An obvious finding is the thinness of the efforts at evaluation. They appear to be diffusely dispersed over the entire field of mental health activities, with little concentration of effort and with weak attempts at combined attack upon any single area. As great as anything else is the need for an approach to evaluation in a form which is highly focused and concentrated. A "dribble" of effort here and there can only promise little in the way of meaningful result that will widen horizons of knowledge.

Still another consistent finding is a confusion of levels of conceptualization. The admixture of levels of hypothesis, theory, goal, activity, and result, as well as of concepts on etiology, prevention, prognosis, diagnosis, treatment, individual, group, discipline ideologies, and community influence has eventuated in lack in clarity of the value of accomplishment. Concurrent with this has been unvalidated subscrip-

tion to value judgments, and an emphasis on evaluation in areas of high interest to particular investigators and communities, irrespective of needs which may really have higher priority for evaluation in terms of ultimate meaningful result.

Improved evaluation of mental health activities is of such great importance that it is recommended that encouragement be given to the training of investigators and to increasing the number of persons competent to do research in this area. Part of such a program should be an investment in the development of research theory and methodology for its own sake apart from the need for immediate and practical results or the validation of programs. Such investigators may well have a basic scientific and professional background in a particular discipline but should have in addition an interdisciplinary preparation that would give insight into the theory and analysis of multiple causation and appropriate logical, mathematical, and statistical techniques. Provision for conferences of persons engaged in evaluative studies or about to begin such investigations would be profitable.

Special attention should be given to the criteria that are appropriate for the complete evaluation of a mental health activity. Activities are usually designed to affect the thought, feeling, and action of persons. Frequently, however, evaluation is confined to only one phase and the generalizations may at times go beyond that phase. On the other hand, it may at times be concluded that nothing happened because no change was discerned in the aspect measured or evaluated.

Scientists have at times been critical (and properly so) of the evaluative activity that consists of self-reports or testimony of the worth of an experience, of a treatment, or of a program. If such data are acceptable one would at once become much more optimistic about the state of evaluation of mental health activities. Many of the activities reported in this volume have been highly successful when judged in this way.

It is recommended that more technical study be given to the use and role of subjective criteria on the assumption that some "internal" test of serenity, comfort, well-being, satisfaction, or belongingness, may be the essence of mental health activity effects. Along with these may go at times increased information and changes in indices of productivity, delinquency, costs, illness, etc., but the decision as to effectiveness would not be dependent on the appearance of such changes. Progress in the use of subjective criteria is being made but might be accelerated by a more hospitable attitude toward such data as evidence. Such progress

would not be intended to displace but rather to supplement other criteria of change in thought and action.

As the field of mental health attains maturity a greater need is felt for a body of behavioral science that contains in it more of system, a greater organization of the generalizations that have been verified, and the potentiality of setting new hypotheses for testing from relevant theory. In this process it would also be desirable to encourage the experimental testing of concepts that have grown out of experience in the field and now may be accepted as axiomatic. Somewhere a rival and contrary hypothesis is usually being stated and confusion is created in the absence of definitive tests. Such tests should contribute to the advancement of a predictive science.

Empirical concepts such as the following need testing: "Unconscious psychological determinants are the major explanation of maladaptive reactions," "An understanding of causality in human behavior is more effective in improving mental health than is emphasis on surface effects."

Even if a restricted definition of mental health is used (and the trend is to broaden rather than limit what is considered to be included in this area) the extent of public interest and the investment of voluntary and governmental funds in mental health programs are considerable. The proportion of these funds which has been used for evaluative research is exceedingly small.

The field of human behavior by its very nature presents difficult and complicated problems to the research investigator. The difficulties and complexities are multiplied again when the research is aimed at scientific measurement of accomplishment or need. It is possible that the field of mental health has special characteristics which may require that progress in evaluation lies not only in the rigorous application of existing methodology, but rather in new methods awaiting exploration and discovery.

The Committee feels that in the field of mental health, a high priority should be placed on evaluative research and that a much larger part of the total funds expended should be used for this purpose. Also, available funds should be used on a more concentrated basis so that studies can be of sufficient scope and intensity to produce significant findings.

As has been previously stated in this report, personal values, professional judgment, and evaluative research studies yield a consensus of

evidence that gratification and affectional relationships are superior to deprivation, rejection, and severe frustration in the development of a healthy personality. There is ample justification for any program or activity which brings about movement in the desired direction commensurate with the above-stated general concept. As more adequate tools of measurement are discovered, and as greater research resources are made available, the evidence of the worth of many existing programs will be strengthened. In some instances such findings may bring about changes in emphasis, reduction of duplication of efforts, and the streamlining of sound programs resulting in greater efficiency.

REFERENCES

Articles and studies have been listed in two groupings, "References" and "Appendix." In the first group an attempt has been made to include references directly related to evaluation, and any additional studies or articles specifically referred to in the text of this report.

The Appendix constitutes a "Supplementary Reference List," and includes articles and studies which have some bearing on the question of evaluation, but a somewhat less direct relationship. In some instances the decision as to whether to place a reference in "References" or "Appendix" has been purely arbitrary in the absence of any hard and fast dividing line.

In each of the above groupings, references have been listed by authors in two general sections: I. Theoretical and Methodological Considerations, and II. Mental Health Activity Areas. In section II, references have been listed by areas corresponding to the seven areas discussed in the text of the report. In several instances where a reference is applicable to more than one area, cross-reference has been made. An asterisk in front of a reference number indicates that the study is presently on-going or in progress. In the absence of an asterisk the reference number refers to completed studies reported in the literature.

It is recognized that these reference lists are not exhaustive or complete, nor has there been any attempt to select studies on a basis of quality or adequacy in meeting approved research criteria. Rather, an attempt has been made to include as many studies as possible which have a bearing on the subject of evaluation of mental health activities. Where readily available, brief summaries or abstracts have been included.

Following the Appendix is an author index.

REFERENCES

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REFERENCES

I. Theoretical and Methodological Considerations

1. BERNSTEIN, SAUL. *Charting group process*. New York: Association Press, 1949. Pp. 24.

Bernstein proposes measuring results of group work through use of three evaluation charts, including a "group evaluation chart," and an "individual evaluation chart," and "the member's group contribution chart."

2. CATTELL, RAYMOND B. *Research designs in psychological genetics with special reference to the multiple variance method*. Amer. J. Human Genet., March 1953, Vol. 5, No. 1, pp. 76-93.

"Psychological genetics is a sadly neglected crossroads embarrassing the main highways of psychology and genetics. In genetics this neglect involves nothing worse than a failure to meet the challenge of unusual methodological difficulties; but in psychology its causes are less reputable and its consequences more devastating. For a psychology lacking any dependable or precise knowledge of innate organizations and influences is bankrupt in its theoretical structure and a charlatan in its clinical and educational practices. Stimulated by the advances now being made in personality measurement, which promise to make a revival of genetic investigations in this area profitable, it seemed timely to take stock of the problems accounting for the neglect of psychological genetics and to survey systematically the possible methodological answers to them." P. 76.

3. CATTELL, RAYMOND B. *The three basic factor-analytic research designs—Their interrelations and derivatives*. Psychol. Bull., 1952, Vol. 49, pp. 499-520.

Occasions, persons, and variables are essential referents of psychological measurement. With these as orthogonal axes in a "covariance chart," 6 basic factor-analytic research designs are possible. Pairs of referents which share the same covariance matrix are transposable. Choice among the 3 basic techniques (P, R, T) is determined by the realm of phenomena to be investigated; choice between alternatives within any one basic technique is a matter of convenience. The primary purpose of factor analysis is the discovery or confirmation of hypotheses; this purpose is common to all 6 basic designs. 38-item bibliography.—M. R. Marks. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3140.

4. COCHRAN, WILLIAM G. *Sampling techniques*. New York, N. Y.: Wiley & Co., 1953. Pp. 330.

"One of the basic problems of statistics is that of drawing a representative sample. In the field of conceptual populations of 'infinite' frequency, the theoretical problems have been solved in terms of the 'random sample.' However, there is too abundant evidence that its analogue in practice is what more than one student, either in confusion or with uncommonly discerning sense of humor, has called a 'rambling sample.' It has taken the demands of estimating characteristics of finite populations to arouse us from lip service to this one form of sampling. Only in recent years have the merits of various alternatives been given thorough consideration. Cochran's text on the subject is not the first, but it has few competitors." Reviewed (In) *Amer. J. Pub. Health*, April 1954, Vol. 44, No. 4, p. 542.

5. COMBS, ARTHUR W. *Intelligence from a perceptual point of view*. *J. abnorm. soc. Psychol.*, July 1952, Vol. 47, No. 3, pp. 662-673.

This paper is an attempt to relate the phenomenological method of observation to the problem of intelligence. The nature of intelligence as viewed from a perceptual frame of reference, some limiting factors upon perception, and some implications of this approach are discussed.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3329.

6. DAVIS, KINGSLEY. *Mental hygiene and the class structure*. *Psychiatry*, February 1938, Vol. 1, No. 1, pp. 55-65.

Mental hygiene constitutes for the sociologist a twofold interest, first as a social movement and second as an applied science drawing upon several pure sciences, of which sociology is one. Mental hygiene has taken over the Protestant ethic inherent in our society, not simply as the basis for conscious precept, but also as the unconscious system of premises upon which its scientific analysis and its conception of mental health itself are based. The main features of the Protestant world philosophy are its democratic, worldly, ascetic, individualistic, rationalistic, and utilitarian orientations. It is shown how the definition of the mental norm is dependent upon those Protestant conceptions.—M. Grotjahn (Menninger Clinic) Abstract (In) *Psychol. Abstracts*, August 1938, Vol. 12, No. 8, Item 4086.

7. DAVIS, KINGSLEY. *Mental hygiene and the class structure*. (In) *Mullahy, Patrick (Ed.): A study of interpersonal relations*. New York: Hermitege House, Inc., 1949, pp. 364-385.

8. DAYTON, NEIL A. *Research techniques in mental hygiene*. *Amer. J. Ment. Def.*, 1951, Vol. 56, pp. 18-41.

The problems of research in mental hygiene are outlined. The author stresses that all projects should be carried out according to the rules of scientific procedure. Proposed research projects should be carefully outlined and kept in the simplest form; the events should be carefully defined; the objects and controls should be balanced; criteria should be adjusted; observers should be carefully selected, instructed, and checked; and the results should be subjected to the most searching

analysis by the best-qualified persons available.—V. M. Staudt. Abstract (In) *Psychol. Abstracts*, April 1952, Vol. 26, No. 4, Item 2154.

9. DICKS, H. V. *Principles of mental hygiene*. (In) *Modern trends in psychological medicine*. London: Harris, 1948.

“Failure in human relationships”—the major sign of need for hygienic measures—is analyzed by reference to selected experimental and clinical studies pertaining to infancy, childhood, adolescence, maturity, and old age. Stress is placed upon the roles of the family, school, and church as cultural agents and upon the need for “social practitioners” (nurses, welfare workers, clergymen) to be informed and skillful in handling parent-child problems. Illustrative mental hygiene problems are described and the types of corrective agencies in Great Britain are listed. 17 references.—L. A. Pennington. Abstract (In) *Psychol. Abstracts*, June 1949, Vol. 23, No. 6, Item 2689.

10. EATON, JOSEPH W. *The assessment of mental health*. Amer. J. Psychiat., August 1951, Vol. 108, No. 2, pp. 81-90.

The difficulty of defining mental health and obstacles standing in its way are first discussed, after which five criteria of mental health are evaluated. A multi-dimensional approach to the problem is suggested.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1156.

11. EDWARDS, ALLEN L. *Experimental design in psychological research*. New York: Rinehart, 1950. Pp. 446.

“This book attempts to present to the student in psychology, education, sociology, and the behavior sciences, some of the newer developments in statistical analysis, particularly with respect to small-sample theory, as they relate to problems of research and experimentation in these fields.” Reviewed by Irvin L. Child (In) *Psychol. Bull.*, May 1951, Vol. 48, No. 3, pp. 269-271.

12. FESTINGER, LEON, and KATZ, DANIEL. (Eds.) *Research methods in the behavioral sciences*. New York: Dryden Press, 1953. Pp. 660.

The introduction gives a brief overview of the interdependence of social-psychological theory and methods. Part I discusses research settings—sample survey, field studies, experiments in field settings, and laboratory experiments. Part II covers procedures for sampling. Part III includes methods of data collection. Part IV is devoted to analysis of data. Finally, Part V discusses the application of research findings. The book is a compilation of chapters written by authorities in the various fields.

13. GALDSTON, IAGO. (Ed.) *Social medicine—Its derivations and objectives*. The New York Academy of Medicine Institute of Social Medicine, 1947. New York: Commonwealth Fund, 1949. Pp. 294.

*14. GINSBURG, SOL WEINER. *Mental hygiene and its theoretical assumptions*. (In) Witmer, Helen L. (Ed.): Evaluating the approaches, methods, and techniques for developing mental health programs. NIMH Special Projects grant. Unpublished Study, 1952. Being edited for future publication.

15. GINSBURG, SOL WEINER. *Values and the psychiatrist.* Amer. J. Orthopsychiat. 1950, Vol. 20, pp. 466-478.

The problems of values lie at the very core of our mores and our beliefs. This paper deals with the role of value systems in the psychoanalytically oriented psychiatrist's life and work: (1) Value judgment and the occupational choice of the psychiatrist, (2) value judgments in the choice of patients and in their treatment, and (3) the social role of the psychiatrist.—R. E. Perl. Abstract (In) Psychol. Abstracts, May 1951, Vol. 25, No. 5, Item 3254.

16. HOLLINGSHEAD, AUGUST B. *Community research—Development and present condition.* Amer. social. Rev., April 1948, Vol. 13, No. 2, pp. 136-146.

"By way of appraisal * * *, it may be said that students of the community have amassed a greater store of facts about American life, as it is lived in specific places in our era, than any other group of social scientists. * * * They have also formulated some generalizing constructs designed to explain the empirical facts which they have observed. * * * However, the meticulous observation of facts * * * has often been marked by a tendency to skip some of the steps necessary to reach the goal of a science based on empirically derived laws. * * * Further development of theory in this field appears to be dependent upon greater precision in methodological procedures * * * rather than continued collection of facts."—H. H. Nowlis. Abstract (In) Psychol. Abstracts, October 1949, Vol. 23, No. 10, Item 4777.

*17. HOLT, LOUISA P. *Problems in the evaluation of mental health programs.*

(In) Witmer, Helen L. (Ed.): Evaluating the approaches, methods, and techniques for developing mental health programs. NIMH Special Projects grant, Unpublished study, 1952. Being edited for future publication.

18. JAHODA, MARIE. *Toward a social psychology of mental health.* Preprint from Problems of Infancy and Childhood, Milton J. E. Senn (Ed.) Trans. Fourth Conference Supplement II. New York: Josiah Macy, Jr. Foundation, 1950. Pp. 23.

A multiple criterion for determining the mental health of an individual: (a) Active adjustment or attempts at mastery of his environment as distinct both from his inability to adjust and from his indiscriminate adjustment through passive acceptance of environmental conditions; (b) unity of his personality, the maintenance of a stable, internal integration which remains intact notwithstanding the flexibility of behavior which derives from active adjustment; and (c) ability to perceive correctly the world and himself. P. 12.

19. JAHODA, MARIE; DEUTSCH, MORTON; COOK, STEWART W.; ET AL. *Research methods in social relations; with especial reference to prejudice.* Part One: Basic processes. Part Two: Selected techniques. (2 volumes) New York: Dryden Press, 1951. Pp. 759.

A two-volume discussion of the methodology of research in the social sciences intended as a text for courses in research methods. Topics included in volume 1

include: (1) The research process, (2) selection and formulation of a research problem, (3) research design, general problems of measurement, (4) data collection including observational methods, questionnaires, interviews, projective techniques and other disguised methods, (5) use of available data as source material, (6) analysis and interpretation, (7) presentation and application of social research, (8) research and theory. Appendices on practical problems, discrimination and prejudice are included. Topics contained in volume 2 include: (1) Constructing questionnaires and interview schedules, (2) art of interviewing, (3) interviewer selection and training, (4) observational field work methods, (5) systematic observation of small face-to-face groups, (6) content analysis of the mass media of communication, (7) analysis of sociometric data, (8) panel study, (9) community self-surveys, (10) sample design, (11) scaling concepts and scaling theory, and (12) assumptions underlying the use of statistical techniques.—J. E. Horrocks. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2637.

20. KELLEY, EARL C.; AND RASEY, MARIE. *Education and the nature of man*. New York: Harper and Brothers, 1952. Pp. 209.

“To evaluate is an integral part of life itself,” say the authors in their chapter on evaluation. “It is a process by which we judge what we perceive and what we do in relation to our purposes and in relation to progress toward what we hold to be worth doing. Evaluation is a continuous guide toward action or future action.” With special reference to education they state: “New concepts concerning evaluation are forced upon us by recent discoveries in the nature of perception. These discoveries show that life is almost completely subjective, for each one brings unique experiences and purpose to the perceptive process. Each of us perceives a phenomenon differently from others because we bring different experience and purpose to it. What we perceive is uniquely our own, and the value of it is unique to each of us. Evaluation, then, is unique, is subjective, and is continuous. * * * A value judgment is a subjective evaluation of potentialities for good or evil to the organism doing the perceiving. * * * We value in accordance with what we assume.”

21. KUBIE, LAWRENCE S. *Problems and techniques of psychoanalytic validation and progress*. (In) Pumpian-Mindlin, E. (Ed.): *Psychoanalysis as science; the Hixon Lectures on the scientific status of psychoanalysis*. Stanford, California: Stanford University Press, 1952. Pp. 174.

The basic features, set forth in two lectures, of psychoanalysis (including free association, transference phenomena, and interpretations) are described after which the author indicates the need for the application of interdisciplinary approaches and experimental designs so that current, working assumptions can be confirmed, refuted, redefined, or extended. This is especially urged in the instance of the interpretation, the validity of which is the “critical test of the validity of * * * theory.” By virtue of the scope of analytic formulations and practice scientific study of its tenets can best be done through the development of a specific institute designed for research purposes.—L. A. Pennington. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5496.

22. LEMKAU, PAUL V.; PASAMANICK, BENJAMIN; AND COOPER, MARCIA. *The implications of the psychogenetic hypothesis for mental hygiene.* Amer. J. Psychiat., December 1953, Vol. 110, No. 6, pp. 436-442.

"* * * If, however, the hypothesis of psychogenesis is true, then there logically follow responsibilities for preventive efforts that the psychiatrist cannot escape. These include responsibility for doing whatever is possible to interfere with the damaging action of experiences during development, either by prevention of the circumstances that lead to the experience, or by changing the impact of the experience on the personality so that it shall not be damaged." P. 438.

23. LIPPITT, RONALD J. *Training in community relations.* New York: Harper and Bros., 1949. Pp. 286.

Presentation of "action research" and the group dynamic workshop of 1946 sponsored by the Connecticut State Interracial Commission. Reviewed by John Harding in J. abnorm. soc. Psychol., 1950, Vol. 45, No. 4, pp. 782-783.

24. LUCHINS, ABRAHAM S. *Towards an experimental clinical psychology.* J. Personality, 1952, Vol. 20, pp. 440-456.

The following premises and their implications for the profession are discussed: (1) Methodological and conceptual tools should be derived from clinical phenomena. (2) The clinician should deal with each patient as a unique opportunity for observation, exploration, and discovery. (3) Dynamics of present behavior should be derived through analysis of immediate psychological field conditions. (4) The personality is a biosocial product; therefore changes may be wrought in the personality by appropriate changes in the social field. (5) Personality is a function of functions. 18 refs. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3175.

25. McQUITTY, LOUIS L. *A statistical method for studying personality integration* (In) Mowrer, O. H.: *Psychotherapy-Theory and research.* New York: Ronald Press Co., 1952, pp. 414-462.

The author describes in some detail his revised factor analytic design called configurational analysis. The method is concerned with interassociations between answers (on a single test) rather than between tests. The hypotheses basic to the method as related to personality study are that ideas are lawfully interrelated so that acceptance of some encourages acceptance of others, and the rejection of still others. The method is described, and is discussed especially in relation to personality measurement and to the measurement of results of psychotherapy.—C. M. Louttit. Abstract (In) Psychol. Abstracts, January-February 1954, Vol. 28, Nos. 1-2, Item 562.

26. McQUITTY, LOUIS L. *Clinical implications for a measure of mental health.* J. abnorm. soc. Psychol., 1951, Vol. 46, pp. 73-78.

Clinical evidence and theory in support of a clinically significant personality factor are reviewed. After outlining some discrepancies between clinical theory

and statistical measurement, the author offers an approach for bridging the gap between statistical methods and clinical evidence. A comparison of mental hospital patients and community persons suggests that "the disintegrated person is one whose successive reactions are characteristic of highly diverse social groups; the integrated personality is one whose successive reactions are characteristic of rather similar social groups." 32 references.—H. P. David. Abstract (In) *Psychol. Abstracts*, November 1951, Vol. 25, No. 11, Item 7458.

27. MACKINNON, DONALD W. *Fact and fancy in personality research*. Amer. *Psychol.*, April 1953, Vol. 8, No. 4, pp. 138-145.

The criticism of personality research given here "is not of theory as such, but of the impatience to develop elaborate theoretical models of personality before laying the necessary groundwork of observations and abstractions from them." There is a danger of "building logical superhighways which turn out to be dead-ends leading nowhere." The author proposes that we "settle for something less than full-blown theoretical models, namely hunches and working hypotheses." Twenty-two references.—R. Mathias. Abstract (In) *Psychol. Abstracts*, January-February 1954, Vol. 28, Nos. 1-2, Item 561.

28. MALONEY, JAMES CLARK. *The magic cloak*. Wakefield, Mass.: Montrose Press, 1949.

29. MARQUIS, DONALD G. *Research planning at the frontiers of science*. Amer. *Psychol.*, 1948, Vol. 3, pp. 430-438.

Psychology having demonstrated its maturity is called upon to assume the responsibilities of an adult science. Its frontier now lies somewhere in the fields of interpersonal relations. Research planning can be carried out at three different levels, experimental design, program design, and policy design. The greatest need for planning exists at the program design level which is an endeavor to plan a comprehensive integrated series of studies in relation to a particular set of concepts focused in a central problem. Six steps are listed: Problem formulation, review of knowledge, preliminary observation, theory construction, verification, application. Individuals who are charged with application of research must have moral responsibility and diagnostic skill. Some characteristics of research which fail to fulfill the criteria of complete program design are elaborated. Though each phase of scientific research is essential, only in planned combination is knowledge obtained which becomes part of the body of science. Frontier research utilizes the advantage of a diverse team of scientists.—R. Mathias. Abstract (In) *Psychol. Abstracts*, March 1949, Vol. 23, No. 3, Item 1023.

30. MERTON, ROBERT K. *The unanticipated consequences of purposive social action*. Amer. *sociol. Rev.*, 1936, Vol. I, pp. 894-904.

31. PASAMANICK, BENJAMIN. *Patterns of research in mental hygiene*. *Psychiat. Quart.*, October 1952, Vol. 26, No. 4, pp. 577-589.

Psychiatrists show a lack of insight into essentials of scientific procedure, neglect diagnosis, and are split into many schools. There is no study in the entire history of psychiatry in which a random sample of neurotics was treated and a

control group left untreated or given placebo therapy. But psychiatry is new. The writer mentions a few prenatal and paranatal areas for research. Mental hygiene should devote itself to studies where public health applications are inherent in the findings. Mental hygiene ought to try to find answers to questions for which definitive answers are possible.—D. Prager. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6612.

*32. PROSSER, DANIEL L. (ED.) *Report of a conference on research and evaluation of community mental health programs*. Seattle, Wash.: Mental Health Section, Division of Local Health Services, Washington State Department of Health, 1951. Pp. 107.

The idea for this conference grew out of the deliberations of the Advisory Board to the Mental Health Section of the Washington State Department of Health. The focus of the conference was on the problem of—How do you evaluate the relative effectiveness or ineffectiveness, success or failure, of a specific service program? The conference was held at Lake Wilderness Lodge, Maple Valley, Wash., June 28-30, 1951, with several professional disciplines pulled together for communication and exchange of ideas. Purposes were (1) to determine whether it would be possible to get some degree of agreement on acceptable and measurable criteria of adjustment and maladjustment, both communitywise and individualwise; (2) to get some degree of objectivity to measure adjustment status; and (3) to consider how to measure change and arrive at some consensus as to what are acceptable dimensions of change. From this planning conference it was hoped that subsequently an evaluation study could be set up using an experimental and control community to study the effects of a total mental health program in terms of longitudinal measures on school age children over a period of years.

33. SOUTHDARD, CURTIS G. *Symposium on the evaluation of community mental health programs*. National Institute of Mental Health, 1952-1953 Seminar Series, Nov. 25, 1952. Unpublished discussions.

34. STANDEN, ANTHONY. *Science is a sacred cow*. New York: E. P. Dutton & Co., 1950. Pp. 221.

“* * * It all comes down to ‘correlations.’ They measure two things, and find that when one of them changes the other also changes; this is called a beautiful correlation, and it is pursued with a solemn, dead-pan intensity, as if a correlation were a thing in itself. Very often they argue that the one thing *caused* the other, when it might quite well have been the other way around.

* * * There will be an argument that, in principle, runs like this: A man gets drunk on Monday on whisky and soda water; he gets drunk on Tuesday on brandy and soda water, and on Wednesday on gin and soda water. What caused his drunkenness? Obviously the common factor, the soda water.” P. 25.

35. STEIGLITZ, EDWARD J. *The integration of clinical and social medicine*. (In) Galdston, Iago (Ed.): *Social medicine—Its derivations and objectives*. The New York Academy of Medicine Institute of Social Medicine, 1947. New York: Commonwealth Fund, 1949, pp. 76-79.

"Man is the core of medicine. Visualizing individual man in relation to the cosmos, we see that on the one hand he is composed of myriads of minute cells and microscopic structures operating in health as a highly integrated harmonious, cooperative, semiconscious, cellular biochemical organism. On the other hand, man, when multiplied manyfold, becomes society. But the whole is more than the sum of its parts. As man is composed of cells, so society is composed of men. Man, the individual, lives in two concomitant environments. Both are complex. The tissues and chemical reactions and equilibria of the organism constitute the realm of the biological sciences; the social and external environment is the realm of social medicine. Clinical medicine, between these two, is concerned with the indivisible individual. Psyche and soma, internal homeostasis, growth and atrophy, and adaptation to external environmental forces are all a part of the domain of clinical medicine. Looking at man with the naked eye he is an individual. Studying man with microscopes, both visual and electronic, he is biological. Stepping back and viewing man through a telescope, he becomes a small unit of society. All three perspectives are requisite for full comprehension." Pp. 87, 88.

36. STEPHENSON, WILLIAM. *Some observations on Q technique.* Psychol. Bull., 1952, Vol. 49, pp. 483-498.

Despite widespread opinion to the contrary, Q and R are quite independent techniques. The former is a postulatory-dependency methodology concerning interactions among persons, employing small, structured samples, where individual differences are not at issue. The latter is an inductive methodology, employs large relatively homogeneous samples, where it is assumed that individual differences exist and persons do not interact, and is concerned with interdependencies of tests. Q-technique clearly favors a frank acceptance of theories in psychology. 35 item bibliography.—M. R. Marks. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3150.

37. STOUFFER, SAMUEL A., ET AL. *Measurement and prediction.* Studies in social psychology in World War II. Vol. IV, Princeton, N. J.: Princeton University Press, 1950. Pp. 756.

This fourth volume contains 16 chapters concerning (1) contributions to scaling and scale theory, (2) attitude and opinion measurement, (3) basis for scalogram analysis, (4) the scalogram board technique, (5) utility of scalogram analysis, (6) scalogram analysis and other techniques, (7) intensity component in attitude and opinion research, (8) reliability, (9) principal components of scale analysis, (10) logical and mathematical foundation of latent structure analysis, (11) interpretation and computation of some latent structures, (12) two case studies in prediction, (13) screening of psychoneurotics in the Army, technical development of tests, and (14) comparison of psychiatric diagnoses and test scores, (15 and 16) postwar plans of soldiers. An appendix presents some notes on sampling and questionnaire administration by the Research Branch.—N. L. Gage. Abstract (In) Psychol. Abstracts, May 1951, Vol. 25, No. 5, Item 3037.

*38. TUFTS, EDITH MILLER. *The field of mental health.* (In) Witmer, Helen L. (Ed.): Evaluating the approaches, methods, and techniques for developing mental health programs. NIMH Special Projects grant. Unpublished study, 1952. Being edited for future publication.

39. WORLD HEALTH ORGANIZATION. *Constitution of the World Health Organization of the United Nations.* Geneva, Switzerland: World Health Organization, 1946.

The quotation in the text of the Subcommittee Report, p. 8, is an extract from the Declaration in the draft Constitution of the World Health Organization of the United Nations of "principles which are basic to the happiness, harmonious relations, and security of all peoples" drawn up at the International Health Conference held in New York, 19th June-22d July 1946, and attended by representatives of 51 states.

(See also Nos. *40, 70, *84, *89, 90, 241, 244, 255, 288, 297, 328, 329, 351, 364, 366, 367, 399, 408, 413.)

II. Mental Health Activity Areas

Community Organization

*40. ALAPAS, PETER G. (Coord.) *Outline of the Study Project of the Council of Social Agencies of Buffalo and Erie County.* 921 Genesee Bldg., Buffalo, N. Y.: Council of Social Agencies. Unpublished plan of project, January 1954. Pp. 9.

"In its broad aspects, the purposes of this study are: To study the needs of the people of Erie County, as served by health, welfare and leisure time organizations of the community; to compare the responsiveness and effectiveness of these organizations to the needs expressed; and to study the public's attitude toward the service programs offered. To study methods by which participating organizations can give better service and use community resources more effectively. To study community service data for insight into methods of prevention and earlier detection of maladjustment." P. 1.

41. ANDREW, GWEN. *A comparison of the mental health status of school children in two communities.* Lansing, Mich.: Unpublished study of Research Section of the Michigan Department of Mental Health. September 1952. Pp. 6.

The data for this comparison are the results of teachers' judgments of the mental health status of 788 school children in Battle Creek and 495 children in Wauwatosa. * * * The social structure of these two communities was very different, and although the children rated are not comparable in terms of the social and personal factors in their backgrounds both surveys yielded the same results with regard to the percentage of poor adjustment in the school population.

42. ANDREW, GWEN. *A report on a survey of the mental health status of Battle Creek public school children—A survey carried out by the Battle Creek schools and the Research Section of the Michigan State Department of Health.* Lansing, Mich.: Unpublished report 1951 available from Dr. Ralph E. Walton, Research Coordinator, Department of Mental Health.

"This survey was initiated by a group of school people and citizens of Battle Creek who were interested in studying the overall health status of children with the aim of determining specific areas of health needs which could be taken into consideration in developing an effective health education program. * * * The results of the survey are very revealing. They provide an estimate of the number of children in a given school population who may be seriously in need of help, as well as indicating the extent to which other children can possibly profit from a mental health program within the schools."

43. ANGELL, ROBERT C. *The social integration of American cities of more than 100,000 population.* Amer. sociol. Rev., June 1947, Vol. 12, No. 3, pp. 335-342.

"The research here reported constitutes the second stage in a continuing program. The first stage consisted of an exploratory study of the social integration of 28 cities. * * * The present study was undertaken to check the previous findings on a larger sample of the cities and to follow down some of the clues. * * * In planning this piece of research two objectives stood out: (1) To obtain the best possible index of integration for cities; and (2) to isolate the most important causal factors. * * *" P. 335.

44. ANGELL, ROBERT C. *The social integration of selected American cities.* Amer. J. Sociol., January 1942, Vol. 47, No. 4, pp. 575-592.

"A Children's Bureau publication makes possible the study of community integration through the computation of a welfare Effort Index for 28 urban areas. These results are compared with a Crime Index computed from Federal Bureau of Investigation reports. A consistent negative relation is found for 20 of the 28 cities. Further validation of the indices is obtained by comparing them for the 'consistent' cities included in his study with Thorndike's unpublished data. Examination of his data suggests that well-integrated cities (1) have supported schools, libraries, and recreational facilities strongly, (2) are characterized by a large proportion of native whites to nonwhite, (3) have few mothers gainfully employed, and possibly, (4) have a relatively low disparity of income between classes. Study of the 'inconsistent' cities suggests two further hypotheses: (1) A race problem presents a serious bar to integration even when there is a strong welfare effort, and (2) there may be a natural history of community integration as a city grows."—Abstract, p. 575.

45. BRODMAN, KEEVE; ERDMAN, ALBERT J., JR.; LORGE, IRVING; GERSHENSON, CHARLES P.; AND WOLFF, HAROLD G. *The Cornell Medical Index-Health Questionnaire. III. The evaluation of emotional disturbances.* J. clin. Psychol., 1952, Vol. 8, pp. 119-124.

The Cornell Medical Index-Health Questionnaire (CMI) was given to a very large number of persons. The frequency of yes responses on the test increased as the apparent emotional adjustment of the group decreased. A random sample of 191 CMIs from a nonpsychiatric outpatient group were rated by 8 non-psychiatric but medically trained persons as to degree of emotional disturbance present. "In almost every instance" where some emotional disturbance was noted by the examining physician it was also inferred from the CMI record by the raters. Two methods "of psychiatric interpretation" of CMI data are given.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 1951.

46. BUCK, CARL E.; BUELL, BRADLEY; AND KANDLE, ROSCOE P. *Family health in tomorrow's community*. Amer. J. publ. Hlth, October 1951, Vol. 41, No. 10, pp. 1258-1262.

A broad study of total community programs. The above authors are respectively: Professor of Public Health Practice, University of Michigan School of Public Health, Ann Arbor, Mich., Executive Director, Community Research Associates, New York, N. Y.; and Field Director, Amer. Public Health Assoc., New York, N. Y. "The purpose of the St. Paul project was to make a systematic effort to get as complete facts as possible about community problems, in a typical urban American community. * * *" P. 1258.

"The most dramatic evidence of this compounding of problems came with the discovery that a group of 6,600 families, about 6 percent of St. Paul's families, were suffering from such a multiplicity of serious problems that they were absorbing 46 percent of the community's organized health services, 55 percent of its adjustment services, and 68 percent of its dependency services. These were designated the 'multiple problem families,' becoming the living symbol of that source of social infection which exists in every community, absorbing a high proportion of the time and energy of skilled practitioners, and constantly frustrating community efforts in the direction of prevention." P. 1259.

47. BUELL, BRADLEY AND ASSOCIATES. *Community planning for human services*. New York: Columbia University Press, 1952. Pp. 464.

A study of social agencies in St. Paul, Minn. Research carried on by Community Research Associates, Inc. Basic research was made possible by appropriations from the Grant Foundation, Inc., New York. "Among the 41,000 families under the care of St. Paul agencies in November 1948, about 7,000—7 percent of the community's families—were dependent, nearly 11,000 had problems of maladjustment, well over 15,000 had problems of ill health, and almost 19,000 were being served by public and private recreation agencies. * * * Some families had more than one kind of problem. * * * A group of 6,600 families, about 6 percent of the city's families, were suffering from such a compounding of serious problems that they were absorbing well over half of the combined services of the community's dependency, health, and adjustment agencies." P. 9.

*48. COMMUNITY RESEARCH ASSOCIATES, INC. *The prevention of dependency in Winona County, Minn.* New York: Community Research Associates, Inc., July 1953. Pp. 82.

Report of a study made to design and set up a 3-year experimental program. The purpose is to develop "know-how" and to test methods practically applicable to the communitywide prevention and control of this problem. The study is financed by the Grant Foundation, New York City, and the Louis W. and Maud Hill Family Foundation, St. Paul, Minn.

49. COWGILL, DONALD O., AND GARDNER, FRED. *An experiment in the determination of need for psychological and psychiatric treatment.* 406 Orpheum Building, Wichita, Kans.: Community Planning Council, August 1951.

A pilot study to determine the extent of the need for mental treatment in Wichita. The segment of the population selected was the general assistance caseload of the Sedgewick County Social Welfare Board. Results indicated that 33 percent of the cases in this small segment of the community were in need of psychiatric or psychological treatment, far exceeding all present facilities.

50. FELIX, ROBERT H., AND CLAUSEN, JOHN A. *The role of surveys in advancing knowledge in the field of mental health.* *Publ. Opin. Quart.*, Spring 1953, Vol. 17, No. 1, pp. 62-70.

"Effective mental health programs can be developed only if public administrators are able to determine how much the public knows about the problem and what its misconceptions are. In this article the authors describe the components of a national mental health program and the ways in which survey data can be useful to those who are charged with directing such a program."

51. FESSLER, DONALD R. *The development of a scale for measuring community solidarity.* *Rur. Sociol.*, 1952, Vol. 17, pp. 144-152.

Using a low standard deviation of scores earned by selected members of eight Iowa communities on a 40-item scale of social behavior, as an index of high community solidarity, the author reports significant differences on this variable in communities with and those without farmer cooperative organizations. The data permitted the construction of octagonal profiles, based on the eight areas tapped by the scale, which graphically depict degrees of solidarity.—L. A. Pennington. Abstract in *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3453.

52. FRASER, T. R. C. *The incidence of neurosis among factory workers.* London: His Majesty's Stationery Office. Industrial Fatigue Research Board, Report No. 90.

53. FREEDMAN, RONALD. *The Detroit area study—A training and research laboratory in the community.* *Amer. J. Sociol.*, 1953, Vol. 59, pp. 30-33.

The Detroit area study is a research and training program whose objective is a series of cumulative studies of the important institutions of a metropolitan area. The central undertaking is an annual sample survey of a cross section of the population of metropolitan Detroit; cross-section studies are intended to

relate to more intensive studies of special groups or institutions. The program has been organized to train graduate students in phases of systematic social research. Interdisciplinary projects are undertaken, for example, a planned project on certain aspects of the city family will involve faculty participants from the fields of sociology and psychology.—D. L. Glick. Abstracted (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 2460.

54. FRENCH, ELIZABETH G. AND YARNOLD, JAMES K. *The relation between attitude survey scores and neuropsychiatric breakdown*. San Antonio, Tex.: Air Training Command, Lockland Air Force Base, Human Resources Research Center, Research Bulletin No. 52–38, December 1952. Pp. 9.

“The research reported in this Research Bulletin is concerned with the utility of an experimental classification test, the Attitude Survey, in predicting neuropsychiatric breakdown. Data for this study were obtained from test papers of a group of airmen who were hospitalized for neuropsychiatric reasons some time after taking the test, and from test papers of a ‘normal’ nonhospitalized group.” P. iii.

55. FROST, DAVID, AND ANDERSON, GENEVIEVE. *A health department stimulates community thinking for mental health*. Amer. J. publ. Hlth, August 1950, Vol. 40, No. 8, pp. 978–983.

“Case workers representing varied community services in the city of Alameda (California) are attempting a communitywide approach to the preventive aspects of mental health problems. These case workers are meeting together once each month, using case presentations as a basis for discussion of mutual problems related to the emotional aspects of their work.”

56. GOLDHAMER, HERBERT, AND MARSHALL, ANDREW. *Psychosis and civilization—Two studies in the frequency of mental disease*. Glencoe, Ill.: The Free Press. 1954.

“The authors find that in the age group under 50 years old, there has been no increase in the frequency of psychoses over the past 100 years. While there is some possibility that the psychoses of old age have increased, this does not appear to be likely. The second part of the book, presents a simple measure of the risk of admission between any two points of an individual’s life. In comparing the risk of admission in different social groups this has the advantage of eliminating differences in the death rates of these groups; these differences are not effectively eliminated in currently used measures of risk.”—From Announcement.

57. GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. *An outline for evaluation of a community program in mental hygiene*. Rep. No. 8, April 1949. Pp. 8.

This outline guide for evaluation of a community program in mental hygiene was formulated by the Committee on Cooperation with Lay Groups. It was felt that there was a need for a broad outline of the various issues and factors

which should be included in any community mental hygiene program. The outline prepared with the hope that it would be useful, not only to members of lay organizations who have become interested in mental hygiene, but also to psychiatrists, in public and private practice, who might be called upon for advice and participation in such programs.

*58. HUNT, MORTON M. *The Wellesley experiment—A pioneer undertaking in psychiatry for the community.* Harper's Magazine, July 1953, Vol. 207, No. 1238, pp. 75-81.

This is a popular report of the Wellesley Human Relations Service—a 5-year experimental study financed by the Grant Foundation. Research studies now in progress include studies of normal families, etiology of mental illness, effects of group belongingness and isolation, as well as attempts to evaluate the program of community preventive psychiatry.

*59. KILINSKI, MILDRED, ET AL. *Pilot study in development of a symptomatic and diagnostic classification of family disorganization.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: United States Department of Health, Education, and Welfare. Bulletin II, (Reported Jan.-Oct. 1952) 1953. Item 218B, p. 127.

To develop symptomatic and diagnostic classifications to aid in identification of seriously disorganized multiproblem families and in overall family diagnosis of their problems. Subjects—100 case records of multiproblem families in files of St. Paul Family Service. Duration: 1951-52. University of Minnesota Medical School and St. Paul Family Service.

60. LEMKAU, P.; TIETZE, C.; AND COOPER, M. *A survey of statistical studies on the prevalence and incidence of mental disorder in sample populations.* Publ. Hlth, Rep., Wash., 1943, Vol. 58, pp. 1909-1927.

The authors report critically on all major investigations in the field of mental hygiene conducted and published during the last 15 years. Findings of five studies of prevalence in sample populations of Germany, Denmark, and the United States are compared for schizophrenia and manic-depressive psychosis. Concerning incidence, findings of genealogic studies in Germany and Switzerland are compared with estimates for New York State based on first admissions. This comparison covers schizophrenia, manic-depressive psychosis, and general paresis. The authors conclude that poor selection of sample populations and insufficient numbers of cases as well as differences in investigative methods, differences in fundamental concepts, and differences in diagnosis and classification tend to make the available studies of prevalence and incidence of mental disorder basically incomparable.—C. L. Golightly. Abstract (In) Psychol. Abstracts, June 1944, Vol. 18, No. 6, Item 1732.

61. LEMKAU, P.; TIETZE, C.; AND COOPER M. *Mental-hygiene problems in an urban district: second paper.* Ment. Hyg., 1942, Vol. 26, pp. 100-119.

This is an analysis of the types and distribution of psychoses and neuroses found in the survey of the Eastern Health District of Baltimore. The number of psychotics at large in the community is estimated to be one-third of the number in hospitals.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, June 1942, Vol. 16, No. 6, Item 2295.

62. LEMKAU, P.; TIETZE, C.; AND COOPER, M. *Mental-hygiene problems in an urban district: third paper.* *Ment. Hyg.*, 1942, Vol. 26, pp. 275-288.

Incidence of epilepsy and of mental deficiency in the Eastern Health District of Baltimore during 1936 is given. Of 3,337 cases active during that year, 694 or 21 percent, were mentally deficient; in only 375 of these was such deficiency the leading problem. Sex ratio of the mentally deficient group was 7 males to 6 females.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, August 1942, Vol. 16, No. 8, Item 3111.

63. LEMKAU, P.; TIETZE, C.; AND COOPER, M. *Mental-hygiene problems in an urban district: fourth paper.* *Ment. Hyg.*, 1943, Vol. 27, pp. 279-295.

This paper concerns itself with the problems of children aged 7-16 of the Eastern Health District of Baltimore. Epilepsy appeared in 3.8 per 1,000, mental deficiency in 37.9 per 1,000. Differences in demographic pattern between neurotic traits and conduct problems indicate that the grouping of the two together etiologically and therapeutically may be questioned.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, September 1943, Vol. 17, No. 9, Item 3131.

64. LUSE, F. DEAN. *A comparison and evaluation of seven selected methods of computing composite indexes of "Social Need" using census tract data in a large city.* Ann Arbor, Mich.: University of Michigan M. A. thesis—School of Social Work. Completed, unpublished, 1952.

*65. McQUITTY, LOUIS L. *Community mental health screening.* Urbana, Ill.: University of Illinois, Department of Psychology. Study in progress, 1953. NIMH Special Project grant.

Purpose is to identify, describe, and classify, on the basis of empirical evidence, tests and test items which give results most in agreement with criteria indicating the degree of need for diagnosis and treatment for mental illness.

66. MANGUS, A. RAYMOND. *Mental health of rural children in Ohio.* Columbus, Ohio: Ohio State Department of Public Welfare, Division of Mental Hygiene. Research Bulletin, No. 682, March 1949. Pp. 34.

The data used in this report were collected as part of the project known locally as the Miami County Health and Human Development Study. A joint project of the Division of Mental Hygiene of the Ohio State Department of Public Welfare, the Ohio State University, and the Ohio Agricultural Experiment Station. Subjects were 1,229 third and sixth grade children in the public schools of Miami County, Ohio.

67. MANGUS, A. RAYMOND, AND SEELEY, JOHN R. *Mental health needs in a rural and semi-rural area (Miami County) in Ohio.* Columbus, Ohio: Ohio State University, Department of Rural Economics and Rural Sociology, Feb. 1950.

This is one of a series of studies known as the Miami County Health and Development Study. A joint project of the Division of Mental Hygiene of the Ohio State Department of Public Welfare, Ohio State University, and Ohio Agricultural Experiment Station.

68. MILLER, PAUL A. *The process of decision-making within the context of community organization.* *Rural Sociol.*, 1952, Vol. 17, No. 2, pp. 153-161.

On the basis of questionnaires and case materials obtained from representative members active in the planning for and obtaining of a community hospital in a "Northeast community" and in a "Southeast community" it is concluded that the latter reached decisions more specifically on the basis of official position and authority. "The Northeast communities functioned * * * more squarely on a basis of resources and proficiencies vested in persons of authority." These findings are related to the problems involved in and the need for detailed study of decision-making in community planning.—L. A. Pennington. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3496.

69. NEW YORK CITY COMMITTEE ON MENTAL HYGIENE OF THE STATE CHARITIES AID ASSOCIATION. *Psychiatric needs in rehabilitation.* 105 East 22d St., New York 10, N. Y.: State Charities Aid Association. Pp. 71.

A study designed to answer the following questions: What are the extent and nature of the psychiatric problems among men in New York City excluded from military service for neuropsychiatric disabilities? How severely are these men handicapped for ordinary civilian life? How many of them need psychiatric help? What kind of psychiatric help do they need? To what extent can the psychiatric services now available meet their needs? What can be done to reduce the gap between present needs and present resources, for psychiatric aid in New York City?

*70. NEW YORK CITY YOUTH BOARD. *Reaching the unreached: Early detection and treatment, redirecting gangs, group work, and recreation, community planning, child guidance, aggressive casework, research, group therapy.* 500 Park Ave., New York 22, N. Y.: New York City Youth Board, 1952. Pp. 147.

"The papers in this volume tell the story of the New York City Youth Board, an agency established in 1947 in the Office of the Mayor * * * for the prevention and control of juvenile delinquency. * * * It is a story of how a public agency has attempted to reach into the lives of children and young people and their families whose problems have become so acute that, without outside help, the road to delinquency is almost inevitable." P. 1.

71. NOVICK, RUDOLPH G. *Community organization for mental health.* Ment. Hyg., April 1950, Vol. 34, No. 2, pp. 203-218.

"The tactics of organizing a community for mental health will vary from place to place, depending on a variety of factors, such as (1) what has already been done in this respect in the community; (2) the degree to which the leading individuals in the community are interested and familiar with the techniques of mental hygiene; and (3) the most obvious needs and resources of the community regarding mental health. While the tactics of organization may vary, the goal in each instance is the same—an adequate program for mental health" (p. 203). Various aspects of programs are discussed as well as public and private agencies responsible for same.

72. NOVICK, RUDOLPH G. *Human conservation and mental health.* School Science and Mathematics, March 1954, Vol. 54, No. 3, Whole No. 473, pp. 173-185.

A review of the problem of total community mental health needs. Surveys and figures are cited, together with some suggestions as to needs.

73. PEARSE, INNES H., AND CROCKER, LUCY H. *The Peckham Experiment—A study in the living structure of society.* New Haven, Conn.: Yale University Press, 1947. Pp. 333.

The scale of the experiment of the Pioneer Health Center in Peckham, England, was determined by the needs of health; for "experience has already taught us that health can only come forth from mutuality of action within a society sufficiently mixed and varied to provide for the needs of mind and spirit as well as of body."

74. POSTON, RICHARD WAVERLY. *Small town renaissance—A story of the Montana Study.* New York: Harper & Bros., 1950. Pp. 231.

"How can the vitality of the small community be recovered—socially, culturally, economically, and spiritually? This book is the story of how some men and women engaged in an experiment to strengthen and improve the lot of our small American towns. It is the story of an undertaking carried on by the University of Montana to develop education techniques for enriching the quality of rural life in that State. * * * The heart of the Montana Study, as the project was called, was the formation of community self-study groups, through which each locality was made aware of its own peculiar deficiencies and then was encouraged to initiate its own local constructive measures * * *."

75. RAMSEY, GLENN V. *Opinions concerning incidence and discharge rates for mental illness.* J. consult. Psychol., 1949, Vol. 13, pp. 50-55.

Two hundred and forty one persons in Trenton, N. J., were individually administered a questionnaire to procure estimated figures for the incidence and discharge rates for mental illness. The people were selected on the basis of a quota-controlled sample for the total population. A fairly accurate estimate of the incidence of mental illness was made by approximately 50 percent of the respondents. Errors were more frequently overestimations than underestima-

tions of the actual rate. About one-third of the respondents made a fairly accurate estimate of the discharge rate for hospitalized mental patients. There were twice as many estimates below this range of 16 to 59 percent as above it. The higher the educational and occupational level the more frequently accurate estimates were obtained.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, August 1949, Vol. 23, No. 8, Item 3790.

76. RAMSEY, GLENN V., AND SEIPP, MELITA. *Attitudes and opinions concerning mental illness*. *Psychiat. Quart.*, 1948, Vol. 22, pp. 428-444.

A questionnaire in regard to mental health was given individually to 345 persons in Trenton, N. J. Analysis of the questions indicates that the variables of either educational level or occupational class or both yielded significant differences for each question. The greater the amount of education of the respondent, the more frequently emotional and physical difficulties were given as causes of insanity. Environmental or behavioral reasons were given more often by those with less education. More women than men attributed insanity to emotional difficulties. Only 21 percent associated sin with insanity. Inheritance was given as a possible cause by about 40 percent. Negroes more frequently than whites considered sin and heredity causes of insanity.—M. P. Klinger. Abstract (In) *Psychol. Abstracts*, December 1949, Vol. 23, No. 12, Item 6271.

77. RAMSEY, GLENN V., AND SEIPP, MELITA. *Public opinions and information concerning mental health*. *J. clin. Psychol.*, 1948, Vol. 4, pp. 397-406.

A fairly representative sample of 345 persons, selected by a quota controlled method, were individually interviewed regarding their opinions regarding the causes and treatment of psychoses. A state hospital existed in the area sampled. In general, mental illness was viewed from a naturalistic viewpoint and as being primarily psychogenic in origin though 20 percent of the respondents viewed it as some sort of punishment for sin; about 50 percent thought poor living conditions and about 50 percent thought association with others who were insane might produce insanity. About 90 percent felt that something could be done to help the insane. Few of the respondents had a clear concept of what the term insanity covered.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, November 1949, Vol. 23, No. 11, Item 5504.

*78. RENNIE, THOMAS A. C. *Yorkville Community mental health project*. New York: Cornell University Medical College. Study in progress, 1952. NIMH grant.

A study of the extent to which social and cultural features of urban society are factors in the cause of mental and emotional disorders, through analysis of the subcommunities in the Yorkville district of New York City and assessment of the personality and behavior problems in each community.

79. ROPER, ELMO. *People's attitudes concerning mental health—A study made in the City of Louisville, Ky., for the City of Louisville and Collier's Magazine*. September 1950. Limited number of copies of the scientific study. Popular report based on these findings is the following: Maisel,

Albert: When would you consult a psychiatrist? *Colliers*, May 12, 1951, pp. 13-15.

80. STEVENSON, GEORGE S. *Dynamic considerations in community functions*. *Ment. Hyg.*, October 1950, Vol. 34, No. 4, pp. 531-546.

Stevenson defines the task of the voluntary promotional agency by stating its obligation "to assist communities to provide better services for their people." Taking this as his thesis, the author discusses the development of the community as a functioning entity, elaboration on the role of agency and interagency relationships in this process. Finally a resume of factors which affect community organization provides a frame of reference for those who are seeking ways and means of improving all varieties of community organizational programs.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, May 1951, Vol. 25, No. 5, Item 3099.

81. TABACKMAN, MANNY. *Knowledge and opinions concerning mental health; a survey of the Saint Louis City and Saint Louis County populations*. *Smith Coll. Stud. soc. Wk.*, 1951, Vol. 21, pp. 233-262.

"The greater St. Louis population was surveyed to determine its familiarity with mental health problems. A majority (1) judged a written description of a psychotic to portray an abnormal type, and a description of a neurotic to be that of a normal person, (2) believed that individual characteristics (such as habits and dispositions) produced the described abnormalities and that the mentally ill can be improved by seeking professional (preferably medical) help, and (3) claimed knowledge of mental health facilities available in the community without being able to name any specifically."—G. Elias. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5574.

*82. ZANDER, ALVIN. *The study and development of methods for coordinating community mental health programs*. Ann Arbor, Mich.: University of Michigan, Study in progress, 1952. NIMH grant.

A study of factors which help or hinder the effectiveness of preventive mental health programs and the development of methods for improving and coordinating such programs.

(See also Nos. 26, *32, *130, 154, 155, *168, 186, *224, 373, 411.)

Administration

*83. BEISSER, PAUL T., ET AL. *Child welfare evaluation, Memphis, Tenn.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. *Bulletin II* (Reported Jan.-Oct. 1952), 1953. Item 60 F, p. 410.

Evaluation of child welfare services to determine gaps, overlaps, and direction of focus of services. To make recommendations concerning future of these services; to make plans for implementation of findings and recommendations and

work toward any part of goals set by study. Subjects—25 child-caring and family agencies. Duration: 1951-52. Community Research Associates, New York City; and Community Council, Memphis, Tenn.

*84. BERKOWITZ, DOROTHY G. *Exploratory and diagnostic research to determine the characteristics of the caseload, the adequacy of statistical data and controls for research purposes, and to find factors associated with evaluation of success or failure of the agency's services and treatment.* Cleveland, Ohio: Family Service Association of Cleveland. Study in progress, 1952.

85. CALDWELL, MORRIS GILMORE. *Review of a new type of probation study made in Alabama.* Federal Probation, Vol. 15, June 1951, pp. 3-11.

Purpose of the study was to test the effectiveness of probation by followup after termination of the probation period. Statistical analysis was made of 1,862 Federal offenders on probation, with respect to various social factors. Two groups were compared—those who violated probation and those who did not. Interviews were conducted from 5 to 12 years after release from probation.

*86. CHERKASKY, MARTIN. *The family health maintenance demonstration—The Montefiore Hospital Project.* (In) Milbank Memorial Fund: Research in Public Health, 1952. New York: Milbank Memorial Fund. 1952.

The Family Health Maintenance Demonstration is being conducted by the Division of Social Medicine of Montefiore Hospital and is being carried out under the supervision of an operating board which consists of four representatives from each of the participating partners, the Community Services Society, the Columbia University through its College of Physicians and Surgeons, and Montefiore Hospital. It is an experiment "designed to determine what services can reasonably be added to a comprehensive medical care program which would result in favorably influencing the health of the families concerned."

87. CHILDREN'S BUREAU. *Research relating to children—An inventory of studies in progress.* Washington, D. C.: Children's Bureau, U. S. Department of Health, Education, and Welfare. Bulletin II (Reported January—October 1952), 1953.

This is an inventory of studies in progress of research relating to children, reported to the Clearinghouse for Research in Child Life, Children's Bureau, during January—October 1952.

88. COLEMAN, JULES V. *Appraising the contribution of the Mental Hygiene Clinic to its community. 2. In the promotion of mental health.* Amer. J. Orthopsychiat., January 1951, Vol. 21, No. 1, pp. 88-93.

*89. FORD FOUNDATION, BEHAVIORAL SCIENCES DIVISION. *A planning proposal for research in emotional growth and mental health.* New York: Social Science Research Council, November 1953. Unpublished report. Pp. 135.

This report was prepared by a working staff (Ernest R. Hilgard, Merton M. Gill, and David Shakow) in cooperation with an advisory committee under a grant from the Behavioral Sciences Division of the Ford Foundation. Theoretical and methodological considerations are discussed, the present status of research is reviewed and recommendations as to needed research areas and projects are made.

90. FRENCH, DAVID G. *An approach to measuring results in social work—A report on the Michigan reconnaissance study of evaluative research in social work sponsored by the Michigan Welfare League.* New York: Columbia University Press, 1952. Pp. 178.

“America spends an estimated \$2,500,000 annually on its social welfare services. By comparison the amount spent on research to evaluate the effectiveness of these services is virtually zero. * * * He shrewdly highlights a number of basic theoretical problems whose prior solution is a prerequisite for any successful research on social work question. * * * To pass muster, every adequate specimen of evaluative research must, according to our author, answer five desiderata * * *.”—Ernest Greenwood. Review (In) Amer. sociol. Rev., August 1953, Vol. 18, No. 4, pp. 467, 468.

91. HEALTH INFORMATION FOUNDATION. *An inventory of social and economic research in health, 1952.* 420 Lexington Ave., New York 17, N. Y.: Health Information Foundation. Pp. 197.

“To assist both scientists and health action leaders, the Research Department of this Foundation has collected and classified data on recent and current studies in health conducted by national organizations, by Federal, State, and local agencies, and by social science, medical, and health divisions of colleges and universities. This inventory includes projects primarily concerned with social and economic aspects of health.”—Foreword.

*92. JOSEPH, HARRY; THIEMAN, ANNELISE; AND HAMILTON, EVELYN. *Preventive psychiatry at the Henry Street Settlement—A 5-year experimental Project.* Amer. J. Orthopsychiat., July 1952, Vol. 22, No. 3, pp. 557-569.

The psychiatric service was initiated at the Henry Street Settlement in January 1946 as a 5-year experiment. It has functioned primarily in the direction of a science of preventive psychiatry. It has served the following areas: Nursery school, consultation and treatment, psychiatric conferences, training of students of social work, work with adolescents, work with parents. Many statistical projects are planned to evaluate the value of the service in a more quantitative way.—R. E. Perl. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5196.

*93. MILBANK MEMORIAL FUND. *Family health maintenance demonstration—The Montefiore Hospital Project—Thirtieth Annual Conference of the Milbank Memorial Fund, Nov. 17-19, 1953.* New York: Milbank Memorial Fund. Publication pending, 1953.

This project is being conducted by the Division of Social Medicine of Montefiore Hospital and it is being carried out under the supervision of an operating board which consists of four representatives from each of the participating partners, the Community Services Society, the Columbia University through its College of Physicians and Surgeons, and Montefiore Hospital. Objectives include (1) a survey of family needs in physical and emotional health; (2) provision of health promotion and education and preventive medicine by means of an interdisciplinary team within the framework of a group practice unit; and (3) community benefits from the actual practice of health promotion.

94. STRAUS, ROBERT, AND BACON, SELDEN D. *Alcoholism and social stability; a study of occupational integration in 2,023 male clinic patients.* Quart. J. Stud. Alcohol, 1951, Vol. 12, pp. 231-260. (Available separately from Hillhouse Press, New Haven, Conn.)

Of the patients of 9 outpatient alcoholism clinics over half were married and living with their wives; two-thirds were gainfully employed, with 56 percent on a steady job for at least 3 years and 25 percent for over 10 years. More than 80 percent were under age 50 and one-fourth were under 35. A fifth came to the clinic on their own initiative and another fifth at the suggestion of friends. It is concluded that a large number of alcoholics are presently employed and that clinics can help these men to achieve better social and personal adjustment. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 409.

95. TULSA COUNCIL OF SOCIAL AGENCIES. *Study and evaluation of the Tulsa Child Guidance Clinic.* 602 South Cheyenne, Tulsa, Okla.: Tulsa Council of Social Agencies, July 1952. Pp. 12.

An evaluation or estimate of clinic policy and administration, needs met, and adequacy of diagnostic and treatment program.

(See also No. *361.)

Professional Personnel

96. AMERICAN PSYCHIATRIC ASSOCIATION. *The psychiatrist—his training and development. Report of the Conference on Psychiatric Education held at Cornell University, Ithaca, N. Y., June 19-25, 1952.* Washington, D. C.: American Psychiatric Association, 1953. Pp. 214.

This conference was made possible by a grant from the National Institute of Mental Health and organized and conducted by the American Psychiatric Association and the Association of American Medical Colleges. The conference focused on the training of career psychiatrists, and includes a comprehensive survey of psychiatric residency training, its objectives, content, and methods, its development, problems, and basic concepts.

97. BARROW, EMERSON M., AND DONOHUE, H. H. *Psychiatric aid selection through psychological examinations—A preliminary report of the screen-*

ing of applicants at the Arkansas State Hospital. Amer. J. Psychiat., 1951, Vol. 107, pp. 859-865.

"Results obtained on two psychological tests (Otis and MMPI) are compared with the efficiency of 100 psychiatric aids. The factors of age and education are also correlated with efficiency of test group. Results indicate that well integrated individuals can be selected for the important job of psychiatric aid."—F. W. Snyder. Abstract (In) Psychol. Abstracts, January 1953, Vol. 27, No. 1, Item 687.

*98. BOWER, ELI M. *The application of "Q" technique in investigating changes in self-perception and self-ideal as a result of workshop experiences.* Palo Alto, Calif.: Stanford University Ph. D. dissertation in progress, 1953.

"Do workshops or other short-time, intensive, educational experiences have significant value in changing attitudes of participants? The study here proposed is in the field of evaluation and concerns the application of the 'Q' technique to participants of workshops where change in attitudes and perceptual set is a major objective of the experience. Does this technique have validity for evaluating the outcomes of such short-time educational experiences?"—From Outline of Dissertation.

99. BROSIN, HENRY W. *Psychoanalytic training for psychiatric residents and others—The Associated Psychiatric Faculties of Chicago experiment.* Amer. J. Psychiat., 1952, Vol. 109, No. 3, pp. 188-195.

Various types of residency training involving several educational groups are described. The growth and goals of the Associated Psychiatric Faculties of Chicago are described briefly. The importance of selection is stressed and the experiment in group interviewing presented. The need for more training and interest in investigation is emphasized. Seventeen references.—F. W. Snyder. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 4767.

*100. BURNETT, FLORENCE M., AND GREENHILL, MAURICE H. *Some problems in the evaluation of an inservice training program in mental health.* Amer. J. publ. Hlth, December 1954, Vol. 44, No. 12, pp. 1546-1556.

*101. BURNETT, FLORENCE; SITES, PATRICIA; AND GREENHILL, MAURICE H. *Learning the mental health approach through the chronic medical patient.* Publ. Hlth. Nursing, June 1950, Vol. 43, No. 6, pp. 319-324.

"This inservice training program for public health nurses is an experimental approach to the teaching of mental health principles and techniques as they apply to everyday problems in public health. * * * Evaluation of nurses' progress in this program is a continuous process achieved through individual conferences with a faculty supervisor, through observation in group conferences, and through the nurse's self-evaluation. * * * The immediate results are evident, and followup plans for determining sustained learning and application by the participants are now under way."

102. CASTLE, PETER F. C. *The evaluation of human relations training for supervisors.* Occup. Psychol., Lond., 1952, Vol. 26, pp. 191-205.

Two attitude scales and a role-playing test have been used to measure change in attitude following different kinds of human relations training courses. Although change was not always detected, in those courses where there has been a change in supervisor's attitudes, there has also been a change in behavior. It is felt that the materials described may be of value in evaluating different training methods.—G. S. Speer. Abstract (In) Psychol. Abstracts, October 1953, Vol. 27, No. 10, Item 7431.

103. CLARK, ELMER J. *The relationship between the personality traits of elementary school teachers and their evaluation of objectionable pupil behavior.* J. educ. Res., 1951, Vol. 45, pp. 61-66.

The Guilford-Martin Personality Inventories were used to measure personality traits and an annoyance evaluation instrument containing 35 items was developed to assess teacher evaluation of objectionable pupil behavior. Significant linear relationships were found between personality traits and certain of the annoyance scale values. Some types of pupil behavior were more annoying to teachers with poor mental health than to those with good mental health, while other types were more annoying to those with good mental health. Abstract (In) Psychol. Abstracts, May 1952, Vol. 26, No. 5, Item 3056.

104. ELKIND, HENRY B. *A mental hygiene survey of State Teachers Colleges of Massachusetts.* Ment. Hyg., October 1935, Vol. 19, No. 4, pp. 619-634.

Purpose was (1) to ascertain what mental hygiene is being taught and how it is being taught; (2) to learn whether the pedagogy taught maintains a mental-hygiene point of view; (3) to ascertain what is being done for the mental health of student teachers, and for their personal development; and (4) to offer recommendations along these lines with a view to improvements in the curriculum or in personnel policies.

105. GOUGH, HARRISON G., AND PEMBERTON, WILLIAM H. *Personality characteristics related to success in practice teaching.* J. appl. Psychol., 1952, Vol. 36, pp. 307-311.

An attempt was made to predict success in practice teaching from personality test measures. The sample in this study consisted of 89 males and 58 females. Single scales on the MMPI showed little validity but various patterns and indices revealed considerable promise. Certain methodological implications of this study for projects devoted to goals of practical assessment and evaluation were discussed.—W. H. Osterberg. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5426.

106. GREENHILL, MAURICE H., AND KILGORE, SAMUEL R. *Principles of methodology in teaching the psychiatric approach to medical house officers.* Psychosom. Med., Jan.-Feb. 1950, Vol. 12, No. 1, pp. 38-48.

Report of an evaluation study of inservice training in the psychiatric approach of 47 interns and residents in a department of medicine. Evaluation tools used included rating schedules of participants performance in individual and group conferences, before and after measures, rating of medical records written by participants, and consensual validation. Results showed that 40 percent of interns and residents in medicine in this study showed appreciable improvement in psychiatric skills after 2 years of inservice training.

*107. GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. *Trends and issues in psychiatric residency programs.* Topeka, Kans.: Group for the Advancement of Psychiatry, Committee on Medical Education. Report in progress, 1954. GAP Circular Letter, No. 246.

The purpose of this report is to examine the present status of psychiatric training, to focus on those areas in the training program which appear to be of special importance at this time, to suggest possible changes and to point to areas which need further investigation.

108. HALL, BERNARD H.; GANGEMI, MARY; NORRIS, V. L.; VAIL, VIVIENNE H.; AND SAWATSKY, GORDON. *Psychiatric aide education.* New York: Grune & Stratton, 1952. Pp. 168.

The development and experience gained during the 3-year experimental operation of the Rockefeller-supported Menninger Foundation Project are reported in detail. "Utilizing both didactic instruction and closely supervised clinical experience, the School offered an intensive 12-month training period in the scientific and humanitarian nursing care of mentally ill patients." Application forms, course outlines, sample evaluation, and results of psychological tests are included in the appendix. Fifty-four references.—H. P. David. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5971.

109. HOLMLUND, WALTER S. *Flint's plan for the inservice training of teachers in child growth and development.* Reprinted from *J. of Teacher Educ.*, March 1952.

The purpose of this study is to show the design and to measure the effectiveness of the Flint (Michigan) inservice training program for teachers in child growth and development which is now in its sixth year. The general conclusion of this study is that the training program, cooperatively planned, staffed with competent instructors, and taught under informal and relaxed conditions, produced highly beneficial changes in the teachers' understanding of child behavior and in their ability to deal with various types of behavior in a manner that will not only be beneficial to the child but satisfying to herself as well.

110. HOLT, ROBERT R., AND LUBORSKY, LESTER. *Research in the selection of psychiatrists; a second interim report.* Bull. Menninger Clin., 1952, Vol. 16, pp. 125-135.

The task of selecting psychiatric residents is exceedingly complex, but some of the methods used in the research program of the Menninger School of Psychiatry show promise in weeding out the least desirable applicants. Further

data are given on the original experimental design and on the more elaborate design initiated 2 years ago. Present indications are that the validity of the special techniques worked out by the research project will be lower than was originally estimated.—W. A. Varvel. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 3916.

111. HOVEY, H. BIRNETT, AND STAUFFACHER, JAMES C. *Intuitive versus objective prediction from a test.* *J. clin. Psychol.*, October 1953, Vol. 9, No. 4, pp. 349-351.

This study consists primarily of a probing into the relative merits of two different methods for predicting from a personality test. The MMPI was administered to 47 student nurses just entering training at a Veterans' Administration hospital. Results show that scanning a cluster of scores on a personality test for predicting traits by either of two clinicians was significantly more successful than using a rigorous objective method for the same purpose. Intuitive evaluations might involve processes of tapping data which are too complex for substitution of an objective method for evaluation. However, even the results obtained by the better of these two methods, when the MMPI was the test used, were not acceptable to the nursing supervisors because of failure to spot quite deviant cases.—Veterans' Administration Hospitals at Salt Lake City, Utah, and American Lake, Wash.

112. JENKINS, DAVID H., AND LIPPITT, RONALD. *Interpersonal perceptions of teachers, students and parents—An action-research project for the in-service training of teachers.* 1201 16th Street NW, Washington, D. C.: Division of Adult Education Service, National Education Association, 1951. Pp. 119.

The aim of this action-research project, an investigation into teachers', students' and parents' interpersonal perceptions, was accomplished by way of interviewing parents and students; the teachers were given questionnaires. The interviewees were asked to respond to questions about what each group did that the other group liked and disliked. Their responses were then set in categories and summarized.—E. Barschak. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 4175.

113. KAZAN, AVRAAM T.; OSTROW, ELLEN K.; CUMMINGS, RUTH; AND KLINE, MILTON V. *Teaching mental hygiene—A problem in resistances.* Psychiat. Quart., Supplement, Part 1, 1953. Pp. 21, Utica, N. Y.: State Hospitals Press.

This is the report of a project carried on within the structure of the Westchester County (N. Y.) Department of Health. This 2-year inservice mental hygiene training program involving more than 160 public health nurses is described in detail. The nurses' evaluation of the effectiveness of the program is given. The consultants attempted an evaluation of the progress made by the nurses.

114. KELLY, E. LOWELL, AND FISKE, DONALD W. *The prediction of performance in clinical psychology.* Ann Arbor, Mich.: University of Michigan Press, 1951. Pp. 311.

A report of a 5-year research program undertaken to evaluate techniques for the selection of graduate students for training in a 4-year doctoral program in clinical psychology. Part A, the problem, provides a general presentation of the problem and the groups studied; Part B, predictor measures, describes each of the large number of predictor measures and relationships among them; Part C, criterion measures, presents the rationale for and the techniques used in collecting a wide array of criterion data; Part D, validation analyses, gives analyses of the validities of each of the predictors for appropriate criterion measures; Part E, summary and discussion. 59-item bibliography.—A. J. Sprow. Abstract (In) *Psychol. Abstracts*, October 1952, Vol. 26, No. 10, Item 5949.

115. KELLY, E. LOWELL; AND FISKE, DONALD W. *The prediction of success in the VA training program in clinical psychology.* Amer. Psychologist, 1950, Vol. 5, pp. 395-406.

A research program at the University of Michigan has studied applicants and trainees of nearly 40 departments of psychology. Objective, projective, subjective, clinical and quantitative data are utilized. From 1946-48 about three-fourths of the trainees in the VA clinical psychology program were studied. Tentative findings include: (1) Comparison of clinical and nonclinical students, (2) interinstitutional differences, (3) correlations between predictive measures and criteria, (a) prediction of failure in training, (b) prediction of evaluations by superiors. The strength of motivation and absence of conflicting drives in selection for professional training is emphasized.—R. Mathias. Abstract (In) *Psychol. Abstracts*, April 1951, Vol. 25, No. 4, Item 2183.

116. LAYCOCK, S. R. *Effect of the teacher's personality on the behavior of pupils.* Understanding the Child, 1951, Vol. 19, pp. 50-55.

The effect of teachers' personalities on pupils was studied by use of the Laycock Mental Hygiene Rating Scale of Teachers' Personal Effectiveness and a subjective appraisal of the teacher. The latter was made through the author's observations and an evaluation of class and teacher activities. In only one case did the rater's appraisal vary with that of the superintendent's or principal's. Fifteen studies of individual teachers are given with excerpts from the author's notes during observation. Security and democracy were found to be significant in pupil's mental health.

117. LUBORSKY, LESTER. *The personality of the psychotherapist.* Menninger Quart., December 1952, Vol. 6, No. 4, pp. 1-6.

This is a nontechnical summary of the Menninger Foundation research study on the selection of medical men for psychiatric training. Conclusions are based on a comparison of the top and bottom 13 percent of a group of 247 psychiatric residents rated by their supervisors on competence as psychotherapists.—W. A.

Varvel. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7516.

*118. MAHOLICK, LEONARD T. *The mental health clinic as a therapist in the community*. *Ment. Hyg.*, January 1953, Vol. 37, No. 1, pp. 61-65.

Dr. Maholick is Director, Mental Health Clinic, Savannah, Ga. The report describes consultative services being given various community agencies, with attempts being made to evaluate the effectiveness of such activities. In one setting group Rorschach's are being given before and after the consultative services, to see if changes can thereby be reflected.

*119. OJEMANN, RALPH H., AND TASCH, RUTH J. *Developing learning program for training teachers to practice causal approach in classroom and to test effectiveness of this program*. Iowa City, Iowa: Preventive Psychiatry Project, Iowa Child Welfare Research Station, State Univ. of Iowa, (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 81 B, pp. 68, 69.

Study to develop learning program based on specific hypotheses as to how teacher may be trained to practice causal approach in her daily relations with children and to test effectiveness of this teacher training program. Subjects: Teachers in 11 classrooms ranging from grades one to eight. Duration: 1951—indefinite.

120. PARKER, J. CECIL. *The Alameda Mental Health Institute—an evaluation: A research project of the California Cooperative Study of In-Service Education*. Berkeley, Calif.: School of Education, University of California, 1951. Pp. 129. Unpublished report.

The design of the evaluation consisted essentially of gathering, recording, processing, and interpreting evidences of whether or not changes had been achieved in the behavior of individuals or groups by reason of their participation in the institute. Evaluative data included "before" and "after" information through interviews as well as questionnaires "during" the institute.

121. RATHS, LOUIS E. *Understanding the individual through anecdotal records, sociometric devices and the like*. Amer. Council Educ. Stud., 1950, Vol. 14 (Ser. I, No. 40), pp. 63-73.

The manner in which classroom teachers were trained to recognize and to meet the needs of problem children is explained. This program utilized films, anecdotal records and sociometric devices. Startling results were obtained in various school systems. Changes in the behavior of two of the children are described.—G. C. Carter. Abstract (In) *Psychol. Abstracts*, November 1950, Vol. 24, No. 11, Item 5857.

*122. RYAN, W. CARSON (CHM.), ADVISORY EDUCATIONAL GROUP OF THE METROPOLITAN'S SCHOOL HEALTH BUREAU. *Student teacher selection study. Preliminary report (In) Health Bulletin for Teachers, School Health Bureau—Health and Welfare Division, Metropolitan Life Insurance Company, Vol. 24, Nos. 3 and 4, March and April 1953.*

An evaluation of procedures used in selecting student teachers in 1,235 institutions in the United States which have teacher-training programs.

123. SCHRUPP, MANFRED H., AND GJERDE, CLAYTON M. *Teacher growth in attitudes toward behavior problems of children. J. educ. Psychol., 1953, Vol. 44, pp. 203-214.*

The authors repeated Wickman's 1927-28 study comparing the attitudes toward children's behavior held by teachers with those held by clinicians. Unlike Mitchell, who performed a similar investigation in 1940, they used Wickman's original instructions, which differed somewhat for the two groups of raters. Even with this procedure it was found that the correlation of the means of the ratings of the 1951 teacher and clinician groups was .56, showing that the extent of disagreement between teachers and clinicians appears to be much less today than it did in 1927. Such differences as were found are still of the same general nature as those pointed out by Wickman.—E. B. Mallory. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 3314.

124. STENDLER, CELIA B. *How well do elementary school teachers understand child behavior? J. educ. Psychol., 1949, Vol. 40, pp. 489-498.*

In contrast to the earlier Wickman study, this later one showed some improvement on the part of teachers with respect to children's behavior. There was "a shift from punitive and disciplinary measures toward those measures involving a search for the causes of behavior."

125. STOUFFER, GEORGE A. W. *Behavior problems of children as viewed by teachers and mental hygienists. Ment. Hyg., 1952, Vol. 36, pp. 271-285.*

A group of 481 teachers and 70 mental hygienists participated and the overall sampling closely paralleled Wickman's. The procedure followed the original study closely except that one additional rating was required of teachers in order that teachers and mental hygienists would have one scaled evaluation which was identical and thus overcome the objection made in the original study that two different procedures were used with these two groups. There is definite evidence that teachers and mental hygienists agree far more closely today than at the time of Wickman's original study but there is still evidence of a need for teacher training in institutions to further emphasize the understanding of child growth and development and the dynamics of child behavior.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 4611.

126. TOPEKA STATE HOSPITAL, PSYCHOLOGY DEPARTMENT. *Psychiatric aid selection project at Topeka State Hospital. Topeka, Kans.: Topeka*

A testing program was set up which attempted to determine as closely as possible the qualities and aptitudes which seemed to be most needed by psychiatric aids at the Topeka State Hospital. This paper presents the results of a continuous study in the development of such a selection procedure involving the use of psychological tests.

*127. WITTMAN, PHYLLIS. *The validity of vocational tests in predicting the efficiency of mental hospital attendants.* Elgin, Ill.: Elgin State Hospital. Study in progress 1952. NIMH grant.

The development of a useful series of tests to assist in the selection of qualified psychiatric attendants in mental hospitals. Mimeographed copy of preliminary report (1953) available through Illinois Department of Public Welfare, Chicago, Ill. Referred to (In) Illinois Society for Mental Health, June 1953, Vol. 9, No. 6.

128. WRIGHTSTONE, J. WAYNE; BEAUMONT, FLORENCE S.; FORLANO, GEORGE; AND GASTWIRTH, PAUL. *An application of sociometric techniques to school personnel.* J. exp. Educ., 1952, Vol. 20, pp. 301-304.

The sociometric status of 21 teachers evaluated as social isolates by the responses of their fellow teachers was compared with that of a comparable control group after a "socializing experience" for the experimental group. The socialization program for the experimental isolates consisted of joint committee work on "a real honest-to-goodness educational project" with other teachers from the seven schools who were evaluated as the most popular teachers. The mean gain in social status was about 80 percent greater for the experimental than for the control group. This difference was found to be statistically significant between the 5 and 10 percent levels of confidence. Practical difficulties in conducting controlled research in such a social situation are discussed.—G. G. Thompson. Abstract (In) Psychol. Abstracts, April 1953, Vol. 27, No. 4, Item 3009.

Education and Information

*129. ABRAHAMSEN, DAVID, ET AL. *Status of mental hygiene and human relations programs for children in private and public primary and secondary schools.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 63E, p. 364.

To obtain reliable information regarding mental hygiene activities in school systems; extent of recognized need; systematic course work in mental health; informal classroom consideration of adjustment problems; facilities for individual guidance of children with difficulties; kinds and amount of personnel utilized in mental hygiene programs. Subjects—superintendents of systematically sampled public school systems of cities in each of the 48 States; directors or head-

masters of private schools. Duration: 1950-53. Department of Psychiatry, College of Physicians and Surgeons, Columbia-Presbyterian Medical Center, New York City.

*130. ANDERSON, JOHN E. *Developmental level and adjustment in children and youth.* Minneapolis, Minn.: University of Minnesota, Institute of Child Welfare. Study in progress, 1952.

This study is an outgrowth of the study "Nobles County every-child survey" (See No. *501). Objectives include: (1) An extensive follow-up of children in order to analyze the relations of background and performance to adjustment; (2) a study of development as revealed by the performance of children; and (3) the development of a short screening test in the area of mental health and adjustment which could be used for locating children who are likely to have difficulty in adjustment.

131. ANDREW, GWEN. *A report of some aspects of the effectiveness of the Pierre the Pelican Mental Health pamphlets.* Lansing, Mich.: State Department of Mental Health. Unpublished report, November 1952. Pp. 84.

132. ANDREW, GWEN. *A study of the effectiveness of a workshop method for mental health education.* Ment. Hyg., April 1954, Vol. 38, pp. 267-278.

"As part of a series of studies in evaluating methods and effectiveness of mental-health education, the research and education sections of the Michigan Department of Mental Health designed a project to evaluate the workshop method for teaching lay people accepted child-rearing concepts." Four methods were used—the group-oriented approach, the authority approach, the question-answer approach, the leaderless approach. Results: "The indications appear to be that the group-discussion session, with a resource person included, adds little to the effectiveness of the workshop, if the goal is to give information with the hope that it will lead to changes in behavior." However, "if the purpose of the workshop is to change family entrenched attitudes, with resultant behavioral change, it is quite possible that this can best be achieved through the group-oriented discussion section, which may approximate a group-therapy situation."

*133. BIBER, BARBARA. *Study of several school projects with respect to their effect on the improvement of mental health conditions for children.* (In) Witmer, Helen L. (Ed.): Evaluating the approaches, methods, and techniques for developing mental health programs. NIMH Special Projects grant. Unpublished study, 1952. Later publication planned.

*134. BLATZ, WILLIAM E., AND SHEPHERD, H. *A followup study of the present status of a group of students who attended a public school who have now reached the adult level.* (In) Children's Bureau: Research relating to children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 59E, p. 362.

To study relationship between inschool difficulties and future adjustment with community. Subjects—several hundred subjects who attended one public school, 1925-32. Methods include analysis of histories, school records, and personal interview with each subject. Institute of Child Study, University of Toronto, Toronto, Ontario, Canada.

*135. CUMMING, MARGARET ELAINE, AND CUMMING, JOHN. *The social control of mental illness—with special reference to the strategies of isolation and denial.* Regina, Saskatchewan, Canada: Provincial Department of Health. Study in progress, 1953. Subsequent publication planned. Presently available in manuscript form as Ph. D. dissertation of Margaret Elaine Cumming, Harvard University.

"A report is made of a research into the content and mutability of attitudes toward mental illness. A series of social functions, both intended and unintended, are imputed to these attitudes, and an analysis of the role of these functions in the social control of the deviant behavior known as 'mental illness' is made. Data were obtained from an experiment carried out in two small homogeneous communities (in Canada), closely matched on census data. * * *" P. 1. Abstract of Dissertation.

136. DIEDERICH, PAUL B. *Design for a comprehensive evaluation program.* School Review, April 1950, Vol. 58, No. 4, pp. 225-232.

In designing an evaluation program the author suggests: (1) Appoint a standing committee on evaluation, with one representative of each main sector of the program; (2) adoption of a list of school objectives; (3) make up a profile index corresponding to the objectives for rating pupils; (4) securing evidence on each major aspect of development; (5) survey of what evidence is already available in existing school records; (6) consideration of most flagrant gaps; (7) revising activities in accordance with needs.

*137. DOMKE, HERBERT R.; GILDEA, MARGARET C. L.; BUCHMUELLER, A. D.; AND MENSCH, IVAN N. *Evaluation of educational and therapeutic mental health programs, and experimental study of relationship of parental attitudes to behavior disorders in children.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 83C, p. 169.

To study parental attitudes in relation to abnormal behavior in children before educational and therapeutic mental health program is put into effect. Subjects—Children and parents in school districts which are contracting with Mental Health Services, St. Louis County Health Department. Duration: 1952-56. Preliminary findings in St. Louis City schools indicate that 80 percent of children whose parents were treated by group therapy improved in behavior. Department of Neuropsychiatry, Washington University School of Medicine, and St. Louis County Health Department.

138. EVRY, HAL. *TV murder causes bad dreams.* Film World, 1952, Vol. 8, pp. 247.

A study of 2,000 6-year-olds revealed that more than half dreamed about television programs they watched. Many other results are reported such as 62 percent would rather watch TV than play outside; 75.4 percent are in bed by 8 o'clock, 33.3 percent of children who watch TV are considered restless by their teachers; 59.3 percent of TV-home children are sometimes scared by the program they see. Abstract (In) Psychol. Abstracts, April 1953, Vol. 27, No. 4, Item 2578.

139. FRANK, JEROME D. *Report of Public Education Committee of the Mental Hygiene Society of Greater Baltimore on "Program of Public Education."* Baltimore, Md.: Mental Hygiene Society of Greater Baltimore. Unpublished report, 1953.

140. FROEHLICH, CLIFFORD P. *Evaluating guidance procedures—a review of the literature.* Washington, D. C.: Federal Security Agency, Office of Education, Misc. No. 3310, January 1949. Pp. 26.

141. GANS, ROMA. *How evaluate teachers?* (In) Raths, Louis E., et al.: *How evaluate?* Educ. Leadership, November 1950, Vol. 8, No. 2, pp. 77-81.

*142. GREENBERG, B. G.; HARRIS, MARY ELLEN; MACKINNON, C. FRANCES; AND CHIPMAN, SIDNEY S. *A method for evaluating the effectiveness of health education literature.* Amer. J. publ. Hlth, September 1953, Vol. 43, No. 9, pp. 1147-1155.

This is the North Carolina study of "Pierre the Pelican" a mental health pamphlet for parents of first-born children. With consideration for adequate methodology and the use of experimental and control groups, the preliminary report concerning feeding practices showed that the pamphlet series in and of itself had little effect upon parents' attitudes, although the experimental group felt the pamphlets were helpful.

143. HOVLAND, CARL I. *Changes in attitude through communication.* J. abnorm. soc. Psychol., 1951, Vol. 46, pp. 424-437.

The author outlines the organization and objectives of a research program on attitudes and communication, and briefly describes a half-dozen or so research problems growing out of the present approach to the problem of attitude change. Such factors as the role of motivation, the influence of the social group, the underlying central processes, the duration of attitude change, the influence of past experience, and individual differences are discussed. Abstract (In) Psychol. Abstracts, April 1952, Vol. 26, No. 4, Item 2091.

144. HOVLAND, CARL I.; LUMSDAINE, ARTHUR A.; AND SHEFFIELD, FRED D. *Experiments on mass communication.* (Studies in social psychology in World War II, Vol. 3.) Princeton, N. J.: Princeton University Press, 1949. Pp. 345.

The studies reported deal with the effectiveness of films and other mass-communication devices. Part I on film evaluation studies contains chapters 2-6

entitled: (2) The orientation film, "The Battle of Britain"; (3) general implications derived from the orientation film experiments; (4) the audience's evaluation of films; (5) experimental comparison of alternative presentations; and (6) effects of films on men of different intellectual ability. Part II on studies employing controlled variation contains chapters 7-9 on (7) short-time and long-time effects of an orientation film, (8) the effects of presenting "one side" versus "both sides" in changing opinions on a controversial subject, and (9) the effect of an audience-participation technique in film-strip presentation. Chapter 10 is a summary and evaluation. An appendix on measurement problems deals with (a) the baseline for measurement of percentage change, (b) "marginal" versus "internal" effects, (c) comparison of the before-after and the after-only design of experiments, and (d) "regression" in the analysis of effects of films.—N. L. Gage. Abstract (In) *Psychol. Abstracts*, February 1950, Vol. 24, No. 2, Item 627.

*145. JOINT ADVISORY COMMITTEE ON THE HARLEM PROJECT. *The role of the school in preventing maladjustment and delinquency*. New York City: New York Foundation and Board of Education of the City of New York. 1949. Pp. 154.

The plan of the project was (1) to provide more intensive services of various kinds in three Harlem schools, (2) to use these additional services in the development of a program for the prevention and remediation of maladjustment and delinquency in these schools, (3) to describe the program developed and the methods used, and (4) to evaluate the effectiveness of the programs and the methods in achieving the goals of the project. P. 3.

146. KELLEY, HAROLD, AND PEPITONE, ALBERT. *An evaluation of a college course in human relations*. *J. educ. Psychol.*, 1952, Vol. 43, pp. 193-209.

A course in human relations, at the Massachusetts Institute of Technology, was taught by the discussion method, with considerable student participation. Recorded observations showed that the instructor's contributions, which accounted for 54 percent of the total time, consisted largely in promoting and reviewing the students' discussion, with only about a fifth of his activity taking lecture form. A quantitative measure of attained insight was attempted by means of a test which presented three human relation problems for analysis. Of the seven sections of the class, some were tested at the beginning, some at the middle, and some at the end of the course. Successive scores showed statistically significant improvement. The effective value of the course was shown by the fact that the students' answers evidenced changes in attitude as well as in understanding. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3757.

*147. KIRK, SAMUEL A. *Experiments in the early training of the mentally retarded*. *Amer. J. Ment. Def.*, 1952, Vol. 56, pp. 692-700.

A report is presented of an experiment at the University of Illinois which tested the hypothesis that mental and social development of children can be

accelerated if the children are given maximum educational opportunities at the formative years of 3, 4, and 5. The design of this experiment is described as well as the procedures of evaluation. Final results are not reported since the study is not completed. Therefore only a progress report is given.—V. M. Staudt. Abstracted (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 7086.

148. KNUTSON, ANDIE L. *Evaluating American Public Health Association Exhibits*. Amer. J. publ. Hlth, 1949, Vol. 39, pp. 1927-1035.

"The general purposes of this study were to evaluate the relative effectiveness of the 42 scientific exhibits on display at the Boston A. P. H. A. meetings, November 8-12, 1948, and to investigate some method for pretesting such exhibits." Methods of evaluating exhibits and suggestions for improving are presented. A checklist and application of the findings conclude the paper. 22-item bibliography.—R. S. Waldrop. Abstract (In) *Psychol. Abstracts*, May 1950, Vol. 24, No. 5, Item 2556.

149. KNUTSON, ANDIE L.; SHIMBERG, BENJAMIN; HARRIS, JANE S.; AND DERRY-BERRY, MAYHEW. *Pretesting and evaluating health education*. Publ. Hlth. Monog. No. 8 (PHS Publication No. 212). Washington, D. C.: U. S. Government Printing Office, 1952. Pp. 26.

"The Public Health Service has embarked on a research program: To determine the reasons people act or fail to act in their own behalf to improve their health; to develop and apply methods whereby proposed or partially planned public health programs can be tested for their effectiveness before being applied on a wide-scale basis; and to evaluate programs to determine their success in accomplishing objectives." Foreword, p. iii.

150. KONHEIM, BEATRICE G., AND NAIMAN, DOROTHY NEUHOF. *An evaluation of free health literature—A study with parents of college students*. Amer. J. publ. Hlth, February 1954, Vol. 44, No. 2, pp. 216-222.

"Six pieces of free health literature were mailed within a 3½-month period to 158 parents (136 mothers, 22 fathers) of students taking a college course in hygiene. At the time the literature was received the same pamphlet was discussed and distributed to the students (daughters of the subjects). The results are: (1) An average of 94.9 percent of the women acknowledged receipt of the pamphlet; (2) an average of 92.6 percent of the women stated that they had 'glanced at' or 'read' each pamphlet; (3) there were some evidences of learning: (a) The groups received statistically higher scores on 5 out of 7 multiple-choice questions than did the control group. (b) The percentage of parents stating that they had remembered a new or important fact ranged from 47 percent for the Cancer to 20 percent for the TipTop pamphlet. (c) Over 275 separate topics of conversation between parents and students on health topics were reported. (4) Of the women, 42 percent stated that they had changed their eating habits since the inception of the program and 27 percent indicated that they had changed their habits of visiting the doctor." Summary, pp. 221, 222.

151. KREMEN, BENJAMIN G. *Evaluation of the guidance services in the high schools of Fresno County, Calif.* J. educ. Res., 1952, Vol. 3, pp. 80-83.

By means of a checklist of 150 items representing "practices generally considered desirable by authorities in guidance," the guidance programs in the 16 county high schools were evaluated (1) independently by from 4 to 6 persons in each school, (2) by a consensus of such judgments, (3) independently by the author, and then, finally, (4) by a consensus of (2) and (3). Findings and recommendations are presented.—T. E. Newland. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1450.

152. LAZARSFELD, PAUL F., AND MERTON, ROBERT K. *Studies in radio and film propaganda.* (In) *Transactions of the New York Academy of Science*, 1943, Series II, Vol. 6, pp. 58-79.

The effect of propaganda devices must be determined by breakdown and actual tryout, not by intuition based on one's own reactions. In content analysis the propaganda document is scrutinized to ascertain probable responses to its various aspects; for this may be employed symbol count, one-dimensional classification of symbols, item analysis, thematic analysis, structural analysis, and campaign analysis. Response analysis is designed to determine actual responses to the propaganda devices, e. g., by means of interview. Such studies have revealed several sources of error in designing propaganda: erroneous appraisal of the "set" of the audience, the heterogeneity of the audience, the inclusion of contrary themes, and misplaced exemplification. The public sophistication and rejection of obvious propaganda may to a degree be combated by "the propaganda of facts," the use of concrete incident rather than exhortation.—F. W. Finger. Abstract (In) *Psychol. Abstracts*, June 1944, Vol. 18, No. 6, Item 1777.

*153. LEWIS, PHILIP. *Impact of television on children.* (In) *Children's Bureau: Research relating to children—An inventory of studies in progress.* Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 83F, pp. 419, 420.

Previous investigations of effects of television on children in a local community are being expanded to include various neighborhood areas all over Chicago to check results on a socioeconomic basis. Duration: 1952—continuing. Department of Education, Chicago Teachers College, Chicago, Ill.: Chicago Board of Education.

154. MANGUS, A. RAYMOND, AND WOODWARD, RICHARD H. *Analysis of the mental health of elementary school children.* Columbus, Ohio: Ohio State University, Department of Rural Economics and Rural Sociology. July 1949.

This is one of a series of studies known as the Miami County Health and Development Study. A joint project of the Division of Mental Hygiene of the Ohio State Department of Public Welfare, the Ohio State University, and the Ohio Agricultural Experiment Station.

155. MANGUS, A. RAYMOND, AND WOODWARD, RICHARD H. *Analysis of the mental health of high school students.* Columbus, Ohio: Ohio State University, Department of Rural Economics and Rural Sociology. July 1949. Pp. 21.

This is one of the series of studies known as the Miami County Health and Development Study. This report is based on the analysis of the mental health of 805 sophomores in the high schools of Butler County, including those of Middletown.

156. MERTENS, MARJORIE S. *The effects of mental hygiene films on self-regarding attitude.* USN Spec. Dev. Cent., Tech. Reg. SDC 269-7-22, 1951. Pp. 12.

Personality scales for experimental college subjects, showed improved self-regarding attitudes after viewing 5 mental hygiene films. Selected films should treat problems resembling those of the subjects, and situations should be familiar. Advantages of the method are group treatment and impersonal atmosphere.—R. Tyson. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1159.

157. MORGAN, MILDRED I., AND OJEMANN, RALPH H. *The effect of a learning program designed to assist youth in an understanding of behavior and its development.* Child Develpm., September 1942, Vol. 13, No. 3, pp. 181-194.

Two experimental groups, one of college students and one out-of-school employed youth, were compared with control groups on amount of conflict and on certain attitudes before and after the experimental groups participated in a learning program. Conflict was measured by the Luria technique, and interviews and self-report blanks were used to measure attitudes toward parents, the opposite sex, self goals and standards, and social problems. The learning program was designed to give understanding of marriage, family, and social relationships. This program is described. The experimental groups showed improvement in attitude and conflict scores, whereas the controls showed little change. One case is presented to show in detail the picture of the changes.—C. N. Cofer. Abstract (In) *Psychol. Abstracts*, January 1943, Vol. 17, No. 1, Item 321.

158. MUDD, DOROTHY. *A core program uses evaluation.* (In) Raths, Louis E., et al.: *How evaluate?* Educ. Leadership, November 1950, Vol. 8, No. 2, pp. 82-85.

159. NATIONAL SOCIETY FOR THE STUDY OF EDUCATION. *Part I, Citizen cooperation for better Public Schools; Part II, Mass media and education.* Chicago, Ill.: University of Chicago Press, 1954. Part I. Pp. 304. Part II. Pp. 290.

Part II of the Yearbook evaluates the present uses of mass media. Interpretive and illustrative materials are introduced to indicate the nature and influence of the commonly available media. Chapter VII, pp. 165-191, "Social Impact of the

Mass Media of Communication" by Franklin Fearing is of particular significance in considering the problem of evaluation. Necessary concepts and considerations are discussed.

*160. OJEMANN, RALPH H. *The effects of a teaching program in human behavior and emotional development on children of different age levels and backgrounds.* Iowa City, Iowa: Preventive Psychiatry Project, Iowa Child Welfare Research Station, State University of Iowa. Unpublished study in progress, 1953.

An evaluation of the effectiveness of a program of preventive psychiatry at elementary and secondary school levels.

*161. OJEMANN, RALPH H. *An integrated plan for education in human relations and mental health.* J. Nat'l Assoc. of Deans of Women. March 1953, Vol. 16, No. 3, pp. 102-108.

Development of a series of experiences through which elementary and high school students may learn to apply a causal approach to guiding their own development, and to study reactions of the students to these experiences. Included in these efforts are the revision of curriculum texts in such a way that the dynamics of behavior are integrated into the core areas, rather than being limited to the "surface" approach to human behavior as has been the usual procedure.

*162. PEDDY, LESTER (PROJECT COORDINATOR). *Intensive clinic services in the school setting.* Three-School Project, Joint Board of Education—New York City Youth Board. (In) New York City Youth Board: Reaching the unreached. 500 Park Avenue, New York: New York City Youth Board, 1952, pp. 62-72.

163. PFLEIGER, ELMER F., AND WESTON, GRACE L. *Emotional adjustment—A key to good citizenship. A report of the Citizenship Education Study, Detroit Public Schools and Wayne University.* Detroit, Mich.: Wayne University Press, 1953. Pp. 152.

This is the Wayne University Citizenship Study. Whereas evaluation procedures in participating schools had formerly centered around tests of conventional knowledge rather than behavior, at the end of the project there was a strong tendency on the part of teachers to try to evaluate school results in terms of more fundamental human objectives and seek new evaluation measures— instruments and techniques designed to get information about children's needs, attitudes, interests, and growth in emotional health.

164. RANKIN, PAUL T., AND DORSEY, JOHN M. *The Detroit School mental health project: a five-year report.* Ment. Hyg., 1953, Vol. 37, pp. 228-248.

A report on a program for "education in mental health" conducted since 1947 in the Detroit area. Working with as many as possible of the 10,000 teachers in Detroit and environs, a variety of approaches were attempted to provide orientation that would result in the improvement and further development of

mental health of their pupils. As a result, teachers were better adjusted to the use of psychiatric services when indicated, have increased the reading in the field of mental health and encouraging use of mental health films in the schools, PTA and other adult groups. While no careful scientific study has been made, the authors subjectively have the impression that there is a general improvement in the mental health environment in these schools.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 3277.

165. RATHS, LOUIS E. *Some recent researches in helping teachers to understand children*. *J. educ. Sociol.*, 1947, Vol. 21, pp. 205–211.

“Prof. Alberta Young, drawing on the work of Alice Keliher and others, worked out a resource unit on human relationships for use in teacher-education. She studied human relation films, prepared written analyses of them, noted related reading, references to theory and suggestions for supplementary activities. The object was to discover the effect of such study by teachers on the social adjustment of the children, their learning of subject matter, and development of skills. Separate studies by Prof. Anna Fults and Kathryn Feyereisen with experimental and control groups found statistically significant changes in pupils and teacher pupil relationships resulting from the teacher-education program. Prof. Ida Ruth McLendon showed a positive relation between social status and achievement, but this correlation is revealed where no conscious effort is made to further good relations among children.”—H. A. Gibbard. Abstract (In) *Psychol. Abstracts*, June 1948, Vol. 22, No. 6, Item 2758.

166. RATHS, LOUIS E., ET AL. *How evaluate?*—(A series of articles by several investigators). *Educ. Leadership*, November 1950, Vol. 8, No. 2, pp. 22–108.

This issue of *Educational Leadership* is given over to the problem of “How Evaluate?” The following articles are included: “Toward Better Evaluations,” by Louis E. Raths; “A 1950 Census of Evaluation Practices,” by Harold G. Shane; “How Evaluate Teachers?” by Roma Gans; “A Core Program Uses Evaluation,” by Dorothy Mudd; “Evaluation in the Oak Ridge Schools,” by R. H. Ostrander; “Trends in Evaluation,” by J. Wayne Wrightstone; “A Region Evaluates its Elementary Schools,” by Sarah Lou Hammond and Harold D. Drummond; “Diagnose Before You Treat,” by Kenneth B. Henderson; “El Paso Surveys its Schools,” by Byron England.

167. RATHS, LOUIS E., AND TRAGER, FRANK N. *Public opinion and “crossfire.”* *J. educ. Sociol.*, 1948, Vol. 21, pp. 345–368.

“The theme of the film ‘Crossfire’ is racial and religious prejudice. The study of its effects on attitudes was conducted in two parts. (1) A high school population in an Ohio city filled out a questionnaire before and after seeing the picture. The questionnaire asked each to estimate the number of his acquaintances holding attitudes of religious intolerance, attitudes to universal military training, labor unions, Negroes, foreigners, Jews, ‘being different,’ the law, people who stand up for minorities, media of mass communication. Interview data supple-

mented the questionnaire. Results indicate a slight change in attitudes in a favorable direction. (2) Adult reactions learned from a different questionnaire filled out in the lobby of theaters in Boston and Denver, or taken and returned by mail. 'Crossfire' does not change any body's basic attitudes: it does initiate a learning process."—H. A. Gibbard. Abstract (In) *Psychol. Abstracts*, August 1948, Vol. 22, No. 8, Item 3431.

*168. RICH, VERNITA, AND SANDERS, MERRITT W. *Survey of school children in typical Kansas County to identify those who are atypical or exceptional.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 46E, p. 357.

169. RIDENOUR, NINA. *Mental hygiene education—Some tactics for the job ahead.* (In) Lowrey, Lawson G. (Ed.): *Orthopsychiatry 1923-48.—Retrospect and prospect.* New York: American Orthopsychiatric Association, Inc., 1948, pp. 550-571.

"Practitioners in the psychiatric disciplines * * * are as yet fulfilling only a fraction of their potentialities as interpreters of human behavior. Effectiveness in interpretation requires development of consultative skills and interpretive techniques. These in turn require familiarity with the special problems of the related healing and teaching professions and of the interpretive professions, in addition to some awareness of the mistakes common to those who, though well-trained clinically, are relatively untrained in interpretation." P. 550.

*170. ROBINSON, VIRGINIA P. *The dynamics of psychological change in terms of the impulse-will balance in the organization of the self.* (In) Witmer, Helen L. (Ed.): *Evaluating the approaches, methods, and techniques for developing mental health programs.* NIMH Special Projects grant. Unpublished study, 1952.

171. ROCK, ROBERT T., JR.; DUVA, JAMES S.; AND MURRAY, JOHN E. *Training by television; a study in learning and retention.* Port Washington, Long Island, N. Y.: U. S. Navy Special Devices Center, 1951. Pp. 24, SDC Rep. 476-02-3.

"As part of a series to evaluate rapid, mass training by television, 8 lessons were telecast weekly to Army Field Forces Reservists. Over half of the subjects preferred television to conventional instruction and training films. Tests confirmed the program's memory value. Narrative combined with drama or appropriate film is most effective, and explicit treatment is best. Simplified presentation characterizes the report. A supplementary report (Tech. Rep. SDC 476-02S3) provides technical details."—R. Tyson. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 4187.

172. ROWLAND, LLOYD W. (Ed.) *A first evaluation of the Pierre the Pelican mental health pamphlets.* New Orleans, La.: Louisiana Society for

The "Pierre the Pelican" series of pamphlets for the parents of first-born children was especially designed to cover good principles of child rearing—beyond the area of physical care. Objectives of this evaluation study were (1) to find out whether the pamphlets were read and by whom, and (2) to find out whether the persons who received the pamphlets profited from reading them.

173. ROWLAND, LLOYD W. (Ed.) *A report on two studies—Pierre the Pelican.* 816 Hibernia Building, New Orleans, La.: Louisiana Society for Mental Health, *Pierre the Pelican News Bulletin*, No. 23.

1. The use of followup material for the Pierre the Pelican post-natal series—Results: parents *will* ask for additional material on specific topics after they have received the Pierre the Pelican series—if a card indicating availability of such is sent them. That is 16 percent or 260 parents out of 16,000. 2. The use of the Pierre the Pelican post-natal mailing list for the purpose of developing child study classes—Results: Parents *will not* come to study groups.—Example, 279 invitations sent to parents of 3-month-old children and nobody came. The highest was 7 at the 24-month level with none at the 30-month level.

174. RUGGLES, ARTHUR H. *Mental hygiene in colleges.* Occupations, November 1934, Vol. 13, pp. 140-145.

The author surveys mental hygiene work in colleges and finds that college students are often saved from serious nervous or mental illness by the mental hygiene service which has been established in some of these institutions and which has continued to spread during the depression.—R. H. Brown. Abstract (In) *Psychol. Abstracts*, January 1935, Vol. 9, No. 1, Item 410.

175. RYAN, W. CARSON. *Mental health through education.* New York: Commonwealth Fund, 1938. Pp. 315.

The author, after a year's (1935-36) careful study and observation of the actual situations in various schools and clinics in different parts of the country, has produced this book to show how our educational system should apply some of the scientific findings in mental hygiene for the development of young children. The book consists of 12 chapters, suggesting a reorientation of the educational task, a better facilitation for emotional development of the pupils, a more adequate preparation of teachers, curriculum reorganization, humanizing administration, effective use of the special services such as those of visiting teachers and child guidance clinics, mediating between the school and the home, and active participation in community life for mental health. A large number of references are provided throughout the book.—K. S. Yum. Abstract (In) *Psychol. Abstracts*, August 1938, Vol. 12, No. 8, Item 4375.

*176. ST. LOUIS COUNTY (Mo.) HEALTH DEPARTMENT. *Attitude evaluation.* Reported (In) *Annual Report 1952-53*, Mental Health Association of

St. Louis. St. Louis, Mo.: Mental Health Association of St. Louis, Unpublished report, 1953.

"Parent Attitude Evaluation on a 3-year research basis in sample county areas is planned by the St. Louis County Health Department, using research funds supplied by the National Institute of Mental Health. Mr. Buchmueller's group therapy work in the county schools (based on his earlier work in the city schools), and the lay leader programs of the Mental Health Association will participate jointly in this project to determine the attitude and behavior changes that result from mental health education. * * *" P. 7.

*177. SCHRAMM, WILBUR. *Communication of information on mental health—a preliminary prospectus for research*. Urbana, Ill.: University of Illinois, Institute of Communications Research. Study in Progress, 1954. NIMH Special Projects grant.

The purpose of this project is to lay the groundwork for an integrated program of experimental research on the communication of mental health information. Included would be (1) the gathering of basic information, and (2) study of this basic information in the light of communication research and theory, and the framing of a research program aimed at the priority problems.

178. SEAGOE, MAY V. *Some current research in television for children*. Calif. J. educ. Res., 1952, Vol. 3, pp. 151-153.

Two exploratory studies and two statements of issues and problems are presented. One study reports on television habits and preferences of 323 Los Angeles County kindergarten and primary public school children. Alluded to also is a rating scale (score sheet) by which any adult might judge how good any television program or movie is for children, and which can be used in discussions in teacher and parent groups. Parents and teachers must help children understand and appreciate programs, should set up listening groups to evaluate programs, and should take active stands in the encouragement of good programs.—T. E. Newland. Abstract (In) Psychol. Abstracts, April 1953, Vol. 27, No. 4, Item 2594.

*179. SEELEY, JOHN R. *The Forest Hill Village Project—a preliminary report presented at the Conference of clinical personnel on Clinic Relations with other Community Agencies, Syracuse, Jan. 8-9, 1952*. Toronto: Unpublished study in progress, 1953.

This 5-year project consists of four major parts, each with a number of subdivisions: Training, service, research and community education. Service activities include a clinic within the school setting, and human relations classes for the children. There is a full-time training program for specially selected teachers. Research includes evaluation of the effectiveness of the human relation classes in improving the mental health of the children, and a social psychological study of the village. Educational activities consist of seminars, meetings, discussions, with various adult groups.

180. SKEELS, HAROLD M.; UPDEGRAFF, RUTH; WELLMAN, BETH L.; AND WILLIAMS, HAROLD M. *A study of environmental stimulation—an orphanage preschool project.* State Univ. Iowa Stud., Stud. in Child Welfare, 1938, Vol. 15, No. 4, pp. 190.

The study determined the effects of preschool education, through the medium of a preschool, introduced into the lives of underprivileged children living in an orphanage. An experimental group attended preschool for several hours a day while a control group did not. The two groups were initially equated in intelligence, age, sex, length of previous residence in the orphanage, nutritional status, and presence or absence of sensory defects. The study extended over a 3-year period. The control orphanage environment was found to be unfavorable to development in intelligence, language achievements, vocabulary, general information, motor development, social behavior, and social competence. The effect of long residence for the control group was to bring children, regardless of initial intelligence classification, to high grade feeble mindedness or borderline classification. The trend for the preschool children was toward normality in intelligence. Both preschool and control children were markedly retarded in vocabulary and general information. There was unevenness of development of various motor achievements. The rate of development of a skill appeared to be related to opportunities for its practice. Marked differences between preschool and control children were found in respect to social competence on the Vineland scale. Not one of the areas studied supported a concept of maturation as a physiological process little influenced by training.—B. Wellman. Abstract (In) *Psychol. Abstracts*, March 1939, Vol. 13, No. 3, Item 1758.

181. STATE PLANNING COMMITTEE FOR SCHOOL AND COMMUNITY HEALTH EDUCATION (Ohio). *The Blondie Comic Book—A teaching aid in mental health.* Columbus, Ohio: The Ohio Department of Health or Division of Mental Hygiene, Department of Public Welfare, September 1953. Pp. 25. Unpublished report.

This report was prepared by the State Planning Committee for School and Community Health Education, consisting of representatives from the Ohio Departments of Education, Health, and Welfare. Part I is a report on a pilot study. Part II—a teaching guide and Part III—appendix. Fifteen schools participated in the study. The basic material is the four instructional units in "Blondie" produced by the New York State Department of Mental Hygiene.

*182. TABA, HILDA. *Evaluation of a year's program in human relations in an eighth grade.* (In) *Children's Bureau: Research relating to Children—An inventory of studies in Progress.* Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.–Oct. 1952), 1953. Item 65 E, pp. 365.

Program addressed to extending sensitivity to various aspects of human relations; to developing better understanding of human conduct in interpersonal and group situations; and to improve skills in handling these situations. Subjects—27 students in an eighth grade, Hartford, Conn. Methods—data on

intelligence and achievement, six successive sociogram records of discussions. Duration: 1947 continuing. San Francisco State College, San Francisco, Calif.; and New Park Avenue School, Hartford, Conn.

183. WEISSMAN, IRVING, AND STUDENTS. *Effectiveness of the Pierre the Pelican prenatal series—an evaluation of mental health pamphlets for pregnant women.* 1953 thesis study done by 20 graduate students. New Orleans, La.: Tulane University, School of Social Work.

This thesis study can be obtained on loan by writing Dr. Loyd W. Rowland, Director, Louisiana Society for Mental Health, 816 Hibernia Building, New Orleans, La. Excerpt of summary conclusion reproduced and submitted to NIMH. Questionnaire submitted to 823 women. Analysis of 414 returns. All reporting said they read them and were glad to get them.

*184. WILLIAMS, HERBERT D., ET AL. *Early discovery and treatment of problem children in three schools.* (In) Children's Bureau Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.–Oct. 1952), 1953. Item 47E, p. 357.

To discover problem children and to bring about school and community adjustment by use of psychological and casework techniques with cooperation of community agencies. To classify nature of problems presented. To evaluate use of various techniques in their solution. To develop cooperative relationships between school and home and community. Subjects—Children found to be poorly adjusted in 1 junior high school and 2 elementary schools. Duration 1950–53. Junior Welfare Board; Department of Public Instruction; Junior League of St. Petersburg, Florida.

185. WILLIAMSON, E. G., AND BORDIN, E. S. *Evaluating counseling by means of a control-group experiment.* School and Society, Nov. 1940, Vol. 52, pp. 434–440.

To 405 freshman men and women who sought advice during 1933–36 a control group was matched. One year after the counseling both groups were interviewed by a staff member who did not do the counseling, and their degree of adjustment was rated in five categories. The vocational adjustment of the control group was similarly rated with regard to consistency in carrying out their own choice made at entrance. The results show that 80 percent of the counseled group had achieved satisfactory adjustment as against 66 percent of the control group. Students tended to follow their own plans more consistently than those suggested by the counselor, but the results were apt to be less satisfactory. Counseled students obtained better grades than the noncounseled, which effect was evident in the first quarter and did not increase afterwards.—M. Lee. Abstract (In) Psychol. Abstracts, February 1941, Vol. 15, No. 2, Item 1079.

186. WOODWARD, RICHARD H., AND MANGUS, A. RAYMOND. *Nervous traits among first-grade children in Butler County Schools.* Columbus, Ohio: Ohio State University, Department of Rural Economics and Rural Sociology, July 1949.

This is one of a series of studies known as the Miami County Health and Development Study. A joint project of the Division of Mental Hygiene of the Ohio State Department of Public Welfare, the Ohio State University, and the Ohio Agricultural Experiment Station.

187. WRIGHTSTONE, J. WAYNE. *Evaluation of the experiment with the activity program in the New York City elementary schools.* J. educ. Res. 1944, Vol. 38, pp. 252-257.

The activity program was introduced into selected New York City schools in 1935 and continued experimentally for a period of 6 years. The results of the experiment were evaluated continuously by the Advisory Committee appointed when the program was initiated, and near the conclusion of the experimental program by the State Education Department. The results of these two appraisals are summarized here. The activity program was as effective as the longer established program in developing mastery of fundamental knowledge and skills; it was more effective in developing the social behavior of the pupils and their ability to think and work on their own initiative.—M. Murphy. Abstract (In) Psychol. Abstracts, June 1945, Vol. 19, No. 6, Item 1583.

188. WRIGHTSTONE, J. WAYNE. *Measuring the social climate of a classroom.* J. educ. Res., 1951, Vol. 44, pp. 341-351.

In order to have a means of measuring social climate in the classroom less costly in time and personnel than the observational time-sampling method, an instrument designated as a pupil-teacher rapport scale was designed. In using the scale observers check and rate items referring to the social climate existing in the classroom. The scale is reproduced, data are given on reliability and validity, and types of research in which the scale can be used are indicated.—M. Murphy. Abstract (In) Psychol. Abstracts, December 1951, Vol. 25, No. 12, Item 8287.

189. WRIGHTSTONE, J. WAYNE; FRUTCHEY, FRED P.; AND ROBBINS, IRVING. *Evaluation, trend, and survey studies.* Rev. educ. Res., 1948, Vol. 18, pp. 396-409.

The period July 1945 to June 1948 saw the publication of studies which formulated and defined the objectives of evaluation; constructed and refined the techniques of evaluation; made considerable use of sociometric methods; evaluated situations and conditions on the elementary, secondary, college, and extension levels of education; analyzed trends in research; followed up previous studies and surveyed educational conditions. Current research is "opportunistic" rather than "systematic and comprehensive." More rigorous and critical techniques are needed for research in evaluation, surveys, trends, and frequency studies. One hundred-item bibliography.—W. W. Brickman. Abstract (In) Psychol. Abstracts, January 1950, Vol. 24, No. 1, Item 310.

(See also Nos. 30, 41, 42, 66, 87, 257, *278.)

Preventive Effects of Programs

*190. BOWMAN, PAUL H.; DIETERICH, WILLIAM J.; DEHAAN, ROBERT F.; HACKAMACK, HENRY; HAVIGHURST, ROBERT J.; JOHNSON, LAVONA A.; KING, ROBERT D.; AND LITTLE, LESTER O. *Studying children and training counselors in a community program.* Chicago, Ill.: University of Chicago Press. The Youth Development Series, No. 2. Supplementary Educational Monographs No. 78, June 1953. Pp. 136.

This is the second of a series of reports on the work of a Community Youth Development Program sponsored by the Committee on Human Development of the University of Chicago. The first report was published a year ago as number 1 in the Youth Development Series, Supplementary Educational Monographs, No. 75. "The second year has seen the start of real work with children. * * * (It) is an account of what we did, why we did it, what difficulties we met, and how we tried to overcome them. There are no results to report yet, since we have just begun to work with children. * * *"

191. CUNNINGHAM, JAMES M. *Mental hygiene assets: Health for the patient—Case for the State.* Connecticut State Department of Health, Connecticut Health Bulletin, March 1941.

The plan of this project was to take all the cases treated by the Bureau of Mental Hygiene, Connecticut, in 1 year and determine those cases where a specific financial saving had been effected. Each of the 477 cases was carefully considered as to whether it would have been necessary to institutionalize the child had the case not been treated and to determine from the case to which institution he would have gone.

*192. HAVIGHURST, ROBERT J.; DEHAAN, ROBERT F.; DIETERICH, WILLIAM J.; HACKAMACK, HENRY; JOHNSON, LAVONA A.; AND KING, ROBERT D. *A community youth development program.* Suppl. educ. Monogr., 1952, Vol. 75. Pp. 59.

This is the first in a proposed series of monographs on the community youth development program begun in September 1951 in a medium-sized Midwestern city by a research committee of the faculty of the University of Chicago. The monograph describes the background of research theory underlying the project and reports the first 6 months of work on the proposed 10-year study. Then follow discussions of the origin of the program in the community; the types of children who are to be helped, including the gifted and the potentially maladjusted; the training program for the community counselors; the theory and practice of treatment; the screening program for the study of children; and finally, the design of the experiment and its influence on Community Youth Services.—S. M. Amatory. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3372.

193. MITCHEL, SUZANNE BERGEL. *Outcome of family agency work with feeble-minded clients.* Smith Coll. Stud. soc. Wk, September 1947, Vol. 18, No. 1, pp. 21-36.

Casework was undertaken with 28 women with I. Q.'s between 50 and 80. In 60 percent of the cases some of the agencies' objectives were achieved. Factors associated with unsuccessful cases were I. Q.'s below 60, no sense of problem on part of client, and little affection for children. Least successful objectives were budgeting and proper child care. Half of the cases required no financial assistance. The author concludes that casework with such a group is worthwhile.—M. R. Jones. Abstract (In) *Psychol. Abstracts*, April 1948, Vol. 22, No. 4, Item 1740.

194. POWERS, EDWIN, AND WITMER, HELEN. *An experiment in the prevention of delinquency—The Cambridge-Somerville youth study*. New York: Columbia University Press, 1951.

A report of an attempt to prevent juvenile delinquency and to discover sources of success and failure in the cities of Cambridge and Somerville, Mass., with integrated action-research and various treatment procedures over a 10-year period. Beginning in 1935, schools and agencies referred the names of approximately 1,500 young boys from whom were carefully selected 782 predelinquents and nondelinquents. After an elaborate matching process, 325 boys were assigned to each of a Treatment (T) and Control (C) group. T boys received help in many directions under the guidance of a specially selected staff and observations were noted on the behavior and development of the C boys throughout. Two evaluation surveys were made during treatment. The comprehensive terminal evaluation employed multiple criteria. Thirty chapters deal with the broad topics of the social setting, referral and selection of matched groups, nature of treatment, causes and prediction of delinquent behavior and the methods and results of the evaluation.—P. S. de Q. Cabot. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 430.

195. TEUBER, HANS-LUCAS, AND POWERS, EDWIN. *Evaluating therapy in a delinquency prevention program*. (In) *Assoc. for Res. in Nerv. and Ment. Diseases: Psychiatric treatment—Proceedings of the Association*, Dec. 14, 15, 1951, New York. Baltimore: Williams and Wilkins. 1953, pp. 138-147.

"This is a report on work done during our association with a unique social experiment: The Cambridge-Somerville Youth Study, originally conceived and endowed by the late Dr. Richard C. Cabott." P. 138. "The results * * * as presented thus far are neither final nor unequivocal." P. 144. "The varied and eclectic approach to treatment in the Study precludes a fair test of any specific form of therapy. We submit, however, that the data yield one definite conclusion: that the burden of proof is on anyone who claims specific results from a given form of therapy. It is admittedly difficult to provide for expensive control settings similar to that of the Cambridge-Somerville Youth Study. But the objective evaluation of therapeutic processes is of such importance that similar studies, in many areas of therapy, are indicated." Pp. 145, 146.

196. WITMER, HELEN L. *Judging the results of the Cambridge-Somerville youth study.* Smith Coll. Stud. soc. Wk, October 1949, Vol. 20, No. 1, pp. 1-15.

One group of boys was given counseling help; a control group was not treated at all. While 40 percent of those who entered the agency profited measurably from the counseling, there is no indication that the counseling was proving effective. Positively related to success in counseling, were (1) desire of both parents and boy for help, (2) absence of serious emotional maladjustment either among the parents or in the boy. Apparently the main service of the agency was to fill the lack created by inadequate family relations and home life.—G. Elias. Abstract (In) Psychol. Abstracts, July 1951, Vol. 25, No. 7, Item 4717.

(See also No. *145.)

Factors Influencing Individual Mental Health

197. ANDERSON, JOHN E. *Parents' attitudes on child behavior: A report of three studies.* Child Develpm., 1946, Vol. 17, pp. 91-97.

The author describes three extensive studies of the Institute of Child Welfare which are concerned with the relation between parents' attitudes and the goals they set for their children and the behavior of the children among their fellows.—L. Long. Abstract (In) Psychol. Abstracts, January 1947, Vol. 21, No. 1, Item 313.

198. BENDER, LAURETTA, AND YARNALL, HELEN. *An observation nursery—a study of 250 children on the psychiatric division of Bellevue Hospital.* Amer. J. Psychiat., 1941, Vol. 97, pp. 1158-1174.

This is an analytic and follow-up study of 250 children from 1 to 5 years 11 months of age at the time of their first admission to the nursery. "One of the greatest functions of this service is that it has given us a deeper understanding of the infant and early child neurophysiology, intellectual and emotional development, and the child as a unit of a social group. We have learned that the infant cannot be raised in an institution without risking his normal personality development; we have learned that the only safeguard for the normal development of a child is a unified and continuous home environment for the first several years. The lack of this can never be compensated for. The child may be abused by psychotic, criminal, and defective parents and may recover, however. A dull child may need more than the average foster home can give him. A bright child suffers from quarreling and rejecting parents but may respond to therapy with or without a change in the environment."—R. Goldman. Abstract (In) Psychol. Abstract, March 1942, Vol. 16, No. 3, Item 1242.

199. BOWLBY, JOHN. *Maternal care and mental health—A report prepared on behalf of the World Health Organization as a contribution to the United Nations Programme for the welfare of homeless children.* Geneva, Switzerland: World Hlth Org. monogr. Ser. No. 2. P. 179. (Orig-

inally published in the Bulletin of the World Health Organization, 1951, Vol. 3, pp. 335-523.)

Dr. Bowlby is Director of the Tavistock Clinic, London, England. As consultant in Mental Health to WHO, Dr. Bowlby spent a year visiting various countries and preparing this comprehensive report. "The development of a child's character has been shown to depend essentially upon the relationship with the mother in early years. Any situation in which the child is deprived of this relationship (maternal deprivation) may have far-reaching physical, intellectual emotional, and social effects which may continue through adult life." The evidence shows that both ego and superego development are impaired by deprivation in the first, second, and third years of life. Research needs in this field are described.—J. C. Franklin. Abstract (In) *Psychol. Abstract*, October 1951, Vol. 25, No. 10, Item 6740.

200. BOWLBY, JOHN. *Some pathological processes set in train by early mother-child separation*. *J. ment. Sci.*, April 1953, Vol. 99, No. 415, pp. 265-272.

The observations reported in this paper were made in the course of a research project, sponsored initially by the Sir Halley Stewart Trust and later by the National Health Service, through the Central Middlesex Group, and the International Children's Center, Paris. Some observations are reported on 49 children separated from their mothers under the age of 4½ years.

*201. BRONFENBRENNER, URIE, ET AL. *Personality development*. (In) *Children's Bureau: Research relating to Children—An inventory of studies in progress*. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 161 B, p. 102.

Long range of forces that make for constructive personality function and development. Subjects: All residents of a small New York State rural community—2,500. Systematic observation of behavior in real-life situations supplemented by personal interviews of subjects identified as contributing to the solution of community problems. Once adult characteristics have been identified, research will be undertaken with adolescents and younger age groups to investigate developmental determinants. Duration: Continuing. Social Science Research Center, and Departments of Psychology and Sociology, Cornell University, Ithaca, N. Y.

202. BRUCH, HILDE. *Psychiatric aspects of changes in infant and child care*. *Pediatrics*, Vol. 10, No. 5, pp. 575-579.

"Psychologic double talk—please read this, not only because it exposes the psychologic fads and fancies that are plaguing current programs of infant and child care, but also because it may help to alert you to the possibility that similar overenthusiasms may have crept into your own particular area of public health practice. Reading this paper really should be supplemented by hunting out the tenth item below—by Sewell. One quote I cannot resist: 'The more permis-

sive the preaching, the more authoritarian the teaching.''" Review (In) Amer. J. publ. Hlth, February 1952, Vol. 43, No. 2, p. 240.

*203. CLAUSEN, JOHN A.; DEASY, LEILA C.; YARROW, MARIAN RADKE; SCHWARTZ, CHARLOTTE G. *Study of the impact of mental illness on the family.* Bethesda, Md.: Laboratory of Socio-environmental Studies, National Institute of Mental Health. Study in progress, 1953.

Through periodic interviews with the wives of patients admitted for the first time to a mental hospital, this study seeks: (1) To analyze the patterns of social and psychological responses of the wife in the situation of the mental illness and hospitalization of the husband; (2) to analyze the processes by which the wife organizes her behavioral environment in the context of her husband's illness; and (3) to relate pattern and process to different sets of objective conditions of the patient's illness, the family constellation and environmental conditions. Each family is carried through the first year of the husband's hospitalization or for some time after his discharge from the hospital.

*204. CLAUSEN, JOHN A., AND KOHN, MELVIN L. *A study of mental illness in Hagerstown, Maryland.* Bethesda, Md.: Laboratory for Socio-environmental Studies, National Institute of Mental Health. Study in progress 1953.

The main objective of the study is to refine and to test the general hypothesis that social isolation is related to the development of schizophrenia. An attempt is being made to inventory the range and intensity of the social factors during childhood of those people hospitalized from 1940 through 1952. A carefully selected control group is also being used.

*205. DAVID, M.; NICHOLAS, J.; ROUDINESCO, JENNY; ROBERTSON, JAMES; AND BOWLBY, JOHN. *Responses of young children to separation from their mothers.* Courrier, Vol. II, No. 2, pp. 66-78, No. 3, pp. 131-142.

Part I is a descriptive clinical study of children aged 12 to 17 months, separated from their parents. Part II includes observations of the sequences of response of children aged 18-24 months during the course of separation. An account is given of the data collected in France and Britain and is one of a group of publications which will deal with the reactions of the child while he is separated.

206. DUNHAM, H. WARREN. *Current status of ecological research in mental disorder.* Social Forces, 1947, Vol. 25, pp. 321-326.

207. ESCALONA, SIBYLLE K.; LEITCH, MARY; ET AL. *Early phases of personality development—A nonnormative study of infant behavior.* Monographs of the Soc. for Res. in Child Develpm. Inc., 1952, Vol. 17, Serial No. 54, No. 1. Pp. 72. Child Develpm. Publications, 1953.

"The research project to be described in this publication consisted mainly of an effort to collect systematically information concerning the very early phases of personality development. It was a cross-sectional study of the behavior of 128 infants ranging from 4 through 32 weeks of age, each of whom was studied in a detailed and comprehensive fashion."—Preface.

208. FARIS, ROBERT E. L., AND DUNHAM, H. WARREN. *Mental disorders in Urban Areas—An ecological study of schizophrenia and other psychoses.* Chicago: University of Chicago Press, 1939.

This study of 34,864 cases of mental disorder admitted to four State hospitals and eight private sanitariums in Chicago during the period 1922-34 by means of ecological mapping reveals a close relationship between insanity and the ecological structure of the city. The rates of incidence per 100,000 of population decrease steadily from 362 in the disorganized areas near the center of the city to 55.4 in the residential sections near the outskirts. Schizophrenia alone shows a similar distribution, but manic-depressive insanity is randomly distributed. * * * A similar study of the incidence of mental disorder in Providence, R. I., confirms in general the findings in Chicago. Two chapters of interpretation are given, and 96 tables.—J. McV. Hunt. Abstract (In) *Psychol. Abstracts*, March 1939, Vol. 13, No. 3, Item 1453.

209. FELIX, ROBERT H., AND KRAMER, MORTON. *Research in epidemiology of mental illness.* Reprint No. 3155, Publ. Hlth Rep., Wash., February 1952, Vol. 67, No. 2. Pp. 152-160.

Consideration is given to 2 widely quoted community surveys, Selective Service and Armed Forces data, statistics on patients in mental hospitals, and 5 current projects. "Our basic knowledge of the distribution of mental illness in the population has distinct limitations * * * effective research on the community aspects of mental illness must be interdisciplinary." * * *—C. L. Anderson. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1250.

210. FREUD, ANNA, AND BURLINGHAM, DOROTHY. *Infants without families: the case for and against residential nurseries.* New York: International University Press, 1944. Pp. 128. Medical War Books.

This publication is based upon a further study of the children in the Hampstead Nursery (London), a residential nursery for infants and young children who have lost their homes and often also their parents as the result of war conditions. It is devoted to a comparison of the general development of these children with that of children living a normal family life. Though up to 5 months the infant in the residential nursery may develop relatively well, because physical conditions are superior to those of the ordinary working class home, yet after that age he is usually at a disadvantage. The lack of continuous and intimate emotional relationship with the mother and the absence of the other contacts of normal family life produce a retardation in emotional development, intellectual and speech development, and habit training. The institutional children are insecure, more clinging to adults, and more aggressive to one another, and indulge in more fantasy life and autoerotic gratification. It may be also that the development of character and conscience is impeded by the lack of the normal love objects, who, at the same time, represent the demands and regulations of a society with which the child can identify himself. These difficulties can be overcome to some extent by providing a mother sub-

stitute, a nurse who has more or less complete charge of a group of children of different ages.—M. D. Vernon. Abstract (In) *Psychol. Abstracts*, July 1944, Vol. 18, No. 7, Item 2300.

211. FREUD, ANNA, AND BURLINGHAM, DOROTHY. *War and children*. New York: International University Press, 1946.

P. R. Lehrman has edited a collection of the Freud-Burlingham reports issued by the Foster Parents' Plan for War Children, omitting the details of operation of the Hampstead Nurseries (London) and stressing observations on the impact of war on young children. There are chapters on such subjects as: Survey of psychological reactions; reaction to destruction; five types of air-raid anxiety; reunion after separation; artificial families, etc.—L. J. Stone. Abstract (In) *Psychol. Abstracts*, January 1944, Vol. 18, No. 1, Item 340.

212. GAULT, ROBERT H.; BATES, SANFORD; SELLIN, THORSTEN; HOOTON, S.; ALEXANDER, FRANZ; AND DESSION, GEORGE H. *Unraveling juvenile delinquency—a symposium of reviews*. *J. crim. Law Criminol.*, 1951, Vol. 41, pp. 732-759.

Unraveling Juvenile Delinquency, by Sheldon and Eleanor Glueck contains the summary of a 10-year study in juvenile delinquency. Of the reviewers, Anderson is most critical: The design of the experiment has some errors; results are overinterpreted; the value of the Rorschach is overstressed; some errors in statistical conclusions are made. The general conclusion of the reviewers, some of whom find minor faults and omissions, is that this is an important and valuable study.—R. J. Corsini. Abstract (In) *Psychol. Abstracts*, March 1952, Vol. 26, No. 3, Item 1589.

213. GERARD, DONALD L., AND HOUSTON, LESTER G. *Family setting and the social ecology of schizophrenia*. *Psychiat. Quart.*, 1953, Vol. 27, pp. 90-101.

The overall central concentration of 305 male schizophrenics is caused by the instability of the single and divorced patients who have moved away from their family settings into the central, deteriorated areas of the city which offer them residential facilities. Residential instability may serve as protection against becoming involved in close interpersonal relationships. 16 references.—D. Prager. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6669.

*214. GLUECK, SHELDON, AND GLUECK, ELEANOR T. *Reinvestigation at age 25 of 500 delinquents and 500 nondelinquents*. (In) *Children's Bureau: Research relating to children—An inventory of studies in progress*. Washington, D. C.: U. S. Department of Health, Education, and Welfare. *Bulletin II* (Reported Jan.-Oct. 1952), 1953. Item 47C, p. 155.

For the first time there will be available a followup of control group as well as delinquents. It will now be possible to determine whether characteristics attributed to young adult criminals are actually limited to that group or are shared by nondelinquents reared in underprivileged areas. Subjects—500 delinquent boys and control groups of 500 nondelinquents—initially studied in "Unraveling Juvenile Delinquency" in underprivileged areas of Greater Boston.

215. GLUECK, SHELDON, AND GLUECK, ELEANOR T. *Unraveling juvenile delinquency*. New York: Commonwealth Fund, 1950. Pp. 399.

Five hundred delinquent and 500 nondelinquent Boston boys were matched for age, national origin, IQ and residence in underprivileged neighborhoods. Three sets of predictive tables for delinquency are presented using social, Rorschach, and psychiatric data respectively. "The delinquents are distinguishable from non-delinquents: (1) Physically in being essentially mesomorphic * * *; (2) temperamentally in being restlessly energetic * * *; (3) in attitude, by being hostile * * *; (4) psychologically, intending to direct and concrete * * * intellectual expression * * *; (5) socioculturally in having been reared * * * in homes of little understanding * * * by parents usually unfit * * *."—R. J. Corsini. Abstract (In) *Psychol. Abstracts*, April 1951, Vol. 25, No. 4, Item 2578.

216. GOLDFARB, WILLIAM. *Effects of psychological deprivation in infancy and subsequent stimulation*. Amer. J. Psychiat., 1945, Vol. 102, pp. 18-33.

Results are presented of a comparative study of matched groups of foster-home children and institutional children who were subsequently transferred to foster homes. The factors studied included intellect, language, motor coordination, social maturity, and personality. The author concludes as follows: "There is cumulative evidence that an extensive period of deprivation of babies in an infant institution is profoundly detrimental to the psychological growth. There is also evidence that the pernicious effects of the early experience persist even in the face of careful placement in selected foster homes, casework supervision and, in some cases, psychiatric treatment. The extreme deprivation experience of the institution children has apparently resulted in a quasi-constitutional fixation on the most primitive levels of conceptual and emotional behavior."—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, December 1945, Vol. 19, No. 12, Item 3527.

217. GOLDFARB, WILLIAM. *Infant rearing and problem behavior*. Amer. J. Orthopsychiat., 1943, Vol. 13, pp. 249-266.

This experiment studies some aspects of personal and social adjustment of foster children as these relate to their rearing experience during the first 3 years of life. The influences on later adjustment of institutional and foster home experience are contrasted. With the exception of withdrawal behavior and anxieties relating to intrafamily relationships, foster home children show less problem behavior than institutional children.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, September 1943, Vol. 17, No. 9, Item 3268.

218. GOLDFARB, WILLIAM. *Infant rearing as a factor in foster home replacement*. Amer. J. Orthopsychiat., 1944, Vol. 14, pp. 162-167.

The author is interested in the question of whether children with an institution experience in infancy are as well prepared for adjustment in foster homes as children with continuous foster home experience. Forty children with continuous foster home experience were matched in terms of sex, age, age of admission to care, and years of dependency with 40 foster home children whose

infancy experience for about the first 3 years was in an infant institution. A study of reasons for the replacements of each child was made as the basis for evaluating the relative response of both groups to foster home placement. Precipitated replacement of institution children was often caused by (1) an aggressive, hyperactive syndrome, (2) a peculiar or bizarre syndrome, and (3) an emotionally unresponsive syndrome. Replacement data indicate that the personalities of children whose early years have been spent in an institution are such as to predispose them to failure and to replacement in their foster homes.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, August 1944, Vol. 19, No. 8, Item 2636.

219. GOLDFARB, WILLIAM. *Psychological privation in infancy and subsequent adjustment*. Amer. J. Orthopsychiat., 1945, Vol. 15, pp. 247-255.

Following earlier experimental studies comparing institution and foster-home children, the author has made intensive investigations of the life histories of 15 adolescent institution children. These life histories tend to confirm the previous conclusion that infant deprivation results in a basic defect of total personality manifest especially as a defect in concept formation and as an attitude of passivity and emotional apathy.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, October 1945, Vol. 19, No. 10, Item 2784.

220. GRANT, EVA I. *The effect of certain factors in the home environment upon child behavior*. Iowa City, Iowa: State Univ. of Iowa, Stud. Child Wel., 1939, No. 17, pp. 61-94.

Parents were rated in relation to approved child development practices. The children were rated by teachers on various aspects of personality adjustment and correlations obtained between parent and child variables.

221. HALLIDAY, JAMES L. *Epidemiology and the psychosomatic affections—A study in social medicine*. The Lancet, Aug. 10, 1946, Vol. 251, No. 6, pp. 186-191.

“Changes in the world of the child and of the adult, viewed in respect of their psychophysiological effects, are described in relation to Britain between 1870 and 1930. * * * A definite effect of these changes was to increase the proportion of the population showing (1) an undue predisposition to physiological dysfunctions, and (2) obsessional trends in behavior. A further probable effect was to decrease the proportion of the population showing histrionic personality characteristics.” P. 191.

222. HARRIS, ALBERT J. *What is a “normal” child?* J. Teacher Educ., March 1952, Vol. 3, pp. 58-61.

A preliminary study of 24 elementary school pupils, 4 each from grades 1 through 6, who seemed normal or average in school was made by the educational clinics of the 4 municipal colleges of New York City. These children differed from norms for their age and grade in significant respects. Teachers need more

and better training in child-study techniques to deal adequately with the normal child.—G. L. Grace. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3778.

223. HATHAWAY, STARKE R., AND MONACHESI, ELIO D. (Eds.) *Analyzing and predicting juvenile delinquency with the MMPI*. Minneapolis: University of Minnesota Press, 1953. Pp. 153.

A report on seven studies, including a longitudinal study of 4,048 ninth-graders. "In contrast to most other publications in this field, which are based on data collected after the individual became delinquent, the Hathaway-Monachesi studies began with children below the age where the sharp rise in delinquency occurs and followed up with a later investigation to determine which youngsters became delinquent."

*224. HILL, REUBEN C.; MOSS, J. JOEL; WIRTHS, CLAUDINE G. *Eddyville's families—a study of personal and family adjustments subsequent to the rapid urbanization of a southern town*. Chapel Hill, N. C.: University of North Carolina, Institute for Research in Social Science. Mimeographed Report, August 1953. Pp. 442.

A report of the progress to date, with initial plan and revisions, problems faced, and significance of information obtained. The study seeks to explore interrelationships of family and personal adjustment in a selected group of panel families residing in a rapidly urbanizing community in the rim area of the Savannah River plant.

225. HONZIK, MARJORIE K. P.; MACFARLANE, JEAN W.; AND ALLEN, L. *The stability of mental test performance between 2 and 18 years*. *J. exp. Educ.*, 1948, Vol. 17, pp. 309-324.

"A group of 252 children who comprise a representative sample of the children living in an urban community, were given mental tests at specified ages between 21 months and 18 years." These data provide the basis for the following conclusions: (1) Group prediction is good over short age periods, especially after the preschool years, (2) over the age period 6 to 10 years almost 60 percent of the group change 15 or more I. Q. points, one-third of the group change 20 or more I. Q. points, and 9 percent of the group change 30 or more I. Q. points, (3) some individuals show consistent upward or downward trends in I. Q. resulting in changes of as much as 50 I. Q. points, (4) changes in mental test scores tend to be in the direction of family level, as judged by parents' education and socioeconomic status, (5) marked variations in life histories resulted in fluctuation of mental test scores for some children but not for others. " * * * the observed fluctuations in the scores of individual children indicate the need for the utmost caution in the predictive use of a single test score, or even two such scores. This finding seems of especial importance since many plans for individual children are made by schools, juvenile courts, and mental hygiene clinics on the basis of a single mental test score."—G. G. Thompson. Abstract (In) *Psychol. Abstracts*, October 1949, Vol. 23, No. 10, Item 4819.

226. HYDE, ROBERT W., and CHISHOLM, RODERICK M. *Studies in medical sociology: III. The relation of mental disorders to race and nationality.* New Engl. J. Med., 1944, Vol. 231, pp. 612-618.

At the Boston Armed Forces Induction Station, the rejection rates for 5 types of mental disorders among 7 different national or racial groups were determined. The Negroes, Irish, and Italians have high rates for psychopathic personality and chronic alcoholism. Psychoneurosis is high among the Negroes, Chinese, Russian Jews, and Portuguese. The rate of mental deficiency is high among the Chinese, Negroes, Italians, and Portuguese. The Negroes have high rates for all 5 types of disorders. Americans of older stock have comparatively low rates. The authors also present tables showing the relation of percentage rejected for all major psychiatric causes to socioeconomic level, population density, and nationality simultaneously. The paper includes other tabulated material.—C. P. Duncan. Abstract (In) Psychol. Abstracts, March 1945, Vol. 19, No. 3, Item 684.

227. HYDE, ROBERT W., and KINGSLEY, L. V. *Studies in medical sociology: I. The relation of mental disorders to the community socioeconomic level.* New Engl. J. Med., 1944, Vol. 231, pp. 543-548.

The rejection rates for the major causes of mental rejections in 60,000 selectees examined at the Boston Armed Forces Induction Station were determined and classified according to the socioeconomic level of the community from which the selectees came. The total incidence of major mental disorders increased gradually from 7.3 percent in the best communities to 16.6 percent in the poorest. The rate of mental deficiency increased from 0.9 percent in the best communities to 6.9 percent in the poorest. The rate of psychopathic personality increased from 2.4 to 6.9 percent. The rate for chronic alcoholism varied little in the better half of the communities and increased only in the poorest levels. The rate for psychoneurosis showed no consistent variation with socioeconomic level; only the intermediate level communities showed a slight increase. Rate of psychoses increased with declining socioeconomic level, and variation from the average was most marked at the two extremes of community level. The article includes extensive tabulated data.—C. P. Duncan. Abstract (In) Psychol. Abstracts, March 1945, Vol. 19, No. 3, Item 682.

228. HYDE, ROBERT W., and KINGSLEY, L. V. *Studies in medical sociology: II. The relation of mental disorders to population density.* New Engl. J. Med., 1944, Vol. 231, pp. 571-577.

The rejection rates for the major mental disorders found in selectees examined at the Boston Armed Forces Induction Station are compared with the population densities of the communities from which the selectees came, with the following findings: Mental disorders differ in type in areas of different population density, irrespective of factors of socioeconomic level and national origin. The highest rates of disorders are at the two extremes of density. The highest rate of mental deficiency and psychoneurosis occur in the semirural areas; and the lowest, in the small cities. The highest rate of chronic alcoholism and of psychopathic

personality is in a large city (Boston), the lowest rate for chronic alcoholism, in the semirural communities; and the lowest for psychopathic personality, in the small cities. Only chronic alcoholism is correlated with population density throughout its complete range. The authors present much tabulated material.—C. P. Duncan. Abstract (In) *Psychol. Abstracts*, March 1945, Vol. 19, No. 3, Item 683.

229. INGHAM, HARRINGTON V. *A statistical study of family relationships in psychoneurosis*. Amer. J. Psychiat., August 1949, Vol. 106, No. 2, pp. 91-98.

This investigation sought to determine the frequency and significance of occurrence of unfavorable circumstances in family history as an etiological factor in psychoneurosis. The subjects were 138 psychoneurotic students. A control group was carefully selected from the student body, and given a questionnaire about their background to fill out. The results indicated that intrafamily conflict and mental illness in some member of the family group are important concomitants of neurosis; while death, prolonged physical illness or foreign birth of parents, sibling favoritism and lack of siblings are found no more often in the neurotics than in the control group.—I. Friedman. Abstract (In) *Psychol. Abstracts*, April 1950, Vol. 24, No. 4, Item 2014.

*230. JACKSON, EDITH B., ET AL. *Yale rooming-in project*. (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 214B, p. 125.

Study of relationship between maternal attitude and practice in child care and child's behavior at 1, 2, and 3 years of age. Subjects—425, mother-child couples at 1 year, 273 at 2 years, and 175 at 3 years. Duration: 1946-53. New Haven, Conn.: Yale University School of Medicine.

*231. JAHODA, MARIE. *Community factors affecting the degree of mental health of workers in a defense production community*. New York: New York University, Research Center for Human Relations. Study in progress, 1952. NIMH grant.

A study of a small sized community into which defense workers have recently migrated, in order to identify those community factors which increase or decrease the degree of mental health of the new migrants and their families.

232. KLATSKIN, ETHELYN H. *Intelligence test performance at one year among infants raised with flexible methodology*. J. clin. Psychol., 1952, Vol. 8, pp. 230-237.

The Cattell Infant Intelligence Scale was administered to 316 infants followed in the Yale Rooming-in Project. When intergroup comparison was made of the records of 184 infants age 12 months with Cattell's norms, a significantly higher percentage of success was found on most items, with the constant exception of vocabulary. Intragroup comparison in this 12-month group and in a group of 132 infants age 13 months revealed significant differences in pattern of tested abilities; in both age groups, the percent passing items of gross visuomanual

coordination was higher than that passing vocabulary or items of finer visuo-manual coordination. Eighteen references.—L. B. Heathers. Abstract (In) Psychol. Abstracts, August 1953, Vol. 27, No. 8, Item 5764.

233. KLATSKIN, ETHELYN H. *Shifts in child care practices in three social classes under an infant care program of flexible methodology.* Amer. J. Orthopsychiat., 1952, Vol. 22, pp. 52-61.

The philosophy of leniency in certain child-care practices was reacted to differently by people from different social classes. Questionnaires returned by 229 parents participating in the Yale Rooming-in Project were analyzed for practices in the areas of feeding, toilet training, strictness of regime, and father's participation. Expected differences were found in toilet training and strictness of regime but not in feeding or father's participation. A general shift toward leniency in all classes was found. Parental child care practices are capable of modification through instruction.—R. E. Perl. Abstract (In) Psychol. Abstracts, November 1952, Vol. 26, No. 11, Item 6872.

*234. KLATSKIN, ETHELYN H., AND JACKSON, EDITH B. *Rooming-in research project—psychological test evaluation.* New Haven, Conn.: Departments of Pediatrics and Psychiatry; Yale Univ. School of Medicine. Reported (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 72B, pp. 64, 65.

Evaluation of influence of infant care on rate of development of abilities measured by infant tests; consistency of test results, 1 to 5 years of age; evaluation of emotional adjustment on intellectual function. Subjects: 175 infants. Duration: 1946-53.

235. LANGDON, GRACE, AND STOUT, IRVING W. *These well-adjusted children.* New York: John Day Co., 1951. Pp. 245.

What the authors of this book have done is to tell what parents of a group of well-adjusted children said in reply to the question: "What in the home life accounts for your child's good adjustment?" Material from two studies, Milwaukee State Teachers College and New York University was utilized.

236. LANTZ, HERMAN R. *Social factors in mental disorders—A study of 1,000 psychiatrically diagnosed cases.* Ohio State U., Abstr. Dissert. * * * 1949-50, 1952, No. 63, pp. 157-163.—Abstract of Ph. D. thesis. (In) Psychol. Abstracts, October 1953, Vol. 27, No. 10, Item 7269.

*237. LEIGHTON, ALEXANDER. *The Nova Scotia (Canada) study in preventive psychiatry.* Reported (In) Canada's Mental Health, Oct. 1953, No. 1, p. 9.

A study to determine if social, economic or other proneness has anything to do with mental disease. The social side of the study is supported by the Milbank

Fund—\$150,000 to be spent over a 3-year period—and is related to a similar study at Wellesley, Mass. To date, records of patients for Digby County have been analyzed, cases are being studied, and a trial clinic is operating with necessary cases being treated.

238. LIDZ, RUTH WILMANS, AND LIDZ, THEODORE. *The family environment of schizophrenic patients.* Amer. J. Psychiat., November 1949, Vol. 106, pp. 332-345.

Fifty patients exhibiting schizophrenic patterns prior to the age of 21 were studied at the Henry Phipps Clinic to determine the frequency with which broken homes or seriously disturbed family environments had been evidenced within the group. It was found that due to suicide, instability or divorce, 20 of these patients had lost a parent prior to their 19th year. Similarly, a large majority were impeded by multiple intrafamilial conflicts which were chronically present or frequently recurrent. The implications for further study of schizophrenic etiology are discussed; 7 case histories and an informative chart are included.—R. D. Weitz. Abstract (In) Psychol. Abstracts, August 1950, Vol. 24, No. 8, Item 4199.

*239. MACFARLANE, JEAN WALKER. *Personality development from birth to maturity.* Berkeley, Calif.: University of California, Institute of Child Welfare. Study in progress, 1952. NIMH grant.

A comprehensive, long-term study of the physical, intellectual, and emotional growth of normal children.

240. MARK, JOSEPH C. *The attitudes of the mothers of male schizophrenics toward child behavior.* J. abnorm. soc. Psychol., 1953, Vol. 48, pp. 185-189.

A 139-item questionnaire on attitudes toward child behavior was given to 100 mothers of schizophrenics and to a matched control group of 100 mothers of nonschizophrenics. Sixty-seven of the one hundred and thirty-nine items differentiated between the two groups at the 0.05 level of confidence or better. The mothers were greatly restrictive in their attitudes toward control of the child and seemed to vary from excessive devotion to cool detachment in their behavior.

241. MILBANK MEMORIAL FUND. *Epidemiology of mental disorder—papers presented at a round table at the 1949 Annual Conference, November 16-17, 1949.* New York: Milbank Memorial Fund, 1950. Pp. 198.

“The purposes of the roundtable discussion of which an account is given in this volume were to review critically recent studies on the epidemiology of mental disorder, to consider the contributions which further and more thorough epidemiological study might make to our knowledge of the nature, sources and control of such disorder, and to prepare suitable plans for its further epidemiological study.”—Foreword. A comprehensive classified bibliography is included.

*242. MILLARD, C. V., ET AL. *Holt study—a longitudinal study of individual children.* East Lansing, Mich.: Holt Observation Center and Child

Development Laboratories, Division of Education, Michigan State College. Reported (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (reported Jan.—Oct. 1952), 1953. Item No. 4B, p. 36.

Purpose: To determine relationship of child's growth and development to school program. Subjects: 300 children; 100 teachers reporting each week observing and reporting on classroom situation. Duration: 1950-1958.

*243. OLSON, WILLARD C., AND HUGHES, BYRON O. *Child as a whole*. Ann Arbor, Mich: Univ. of Michigan. Reported (In) Children's Bureau: Research relating to children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.—Oct. 1952), 1953. Item 3B, p. 35.

Longitudinal multidiscipline research on nature of growth, achievement, and behavior of individual children. Subjects, 80 boys and 72 girls with comprehensive developmental records covering preschool and elementary school records. Methods: Comprehensive analysis of variable type of data stated in terms of age-principle technique.

244. ORLANSKY, HAROLD. *Infant care and personality*. Psychol. Bull., January 1949, Vol. 46, No. 1, pp. 1-48.

Dr. Orlansky is in the Department of Anthropology, Yale University. The bibliography of 148 references includes the most relevant research studies in child-rearing practices. His summary paragraph is indicative: "This paper reviews some of the empirical data bearing on the theory that various features of infant care determine adult personality. Our conclusion has been largely negative, and we have been led to substitute a theory which emphasizes, instead, the importance of constitutional factors and of the total cultural situation in personality formation; the importance of postinfantile experience is also indicated. * * *

245. PLANK, ROBERT. *The family constellation of a group of schizophrenic patients*. Amer. J. Orthopsychiat., October 1953, Vol. 23, No. 4, pp. 817-825.

"* * * The findings presented in this paper may be evaluated from two viewpoints, which may be termed the etiological and the therapeutic viewpoint respectively. From the etiological aspect, our material does not contain much which would shed light on very early childhood developments. It does, however, contain facts which can be considered as traumatic, many of which happened relatively early in the patient's life, while others happened shortly before the outbreak of the illness, and in some cases almost immediately preceding the outbreak. * * * From the therapeutic aspect, it seems most important to gain clear insight into these questions. What sort of family constellation can we expect to find in cases of schizophrenia at the time the patient comes to the attention of an agency? What resources will we have to work with? Especially, in

how many cases can we count on the existence of a parental home which would offer a wholesome atmosphere for the patient? Our cases show that these resources, as far as parental figures are concerned are very meager, and that such homes are almost nonexistent. * * * " P. 825.

*246. PROUT, CURTIS T., AND WHITE, MARY ALICE. *A controlled study of personality relationships in mothers of schizophrenic male patients.* Amer. J. Psychiat., October 1950, Vol. 107, No. 4, pp. 251-256.

Twenty-five mothers of hospitalized male schizophrenic patients were compared with 25 mothers of nonhospitalized and nonschizophrenic males by means of interview and Rorschach. While the life histories of the two groups were very similar, the mothers of nonpatients showed "a more frankly critical attitude and a more gregarious interest * * * a higher level of drive and more outgoing adjustment * * * (and) a more ambitious, aggressive, and successful feeling as individuals." The authors feel that this resulted in freer and more realistic mother-son relationships which the patients' mother-son relationships lacked. An independent life for the mother is indicated therapeutically so that sons have a life of their own. Reactions of the sons to the mothers' attitudes were not determined.—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, June 1951, Vol. 25, No. 6, Item 3911.

*247. RABINOVITCH, RALPH D., ET AL. *Etiology of childhood schizophrenia.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 7C, p. 137.

Investigation into genetic, developmental and psychodynamic factors. Subjects—100 cases ranging in age from 3 to 15 years. Duration: 1952-55. Ann Arbor, Mich.: Neuropsychiatric Institute, University of Michigan Medical School.

*248. RABINOVITCH, RALPH D., ET AL. *Relationship of early mothering experience to later personality development in children and evaluation of meaningfulness of foster home experience to children.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 168B, p. 105.

To evaluate relationship of personality development to quality of early experience in mothering. Subjects—several hundred children in foster home placement from case load of Michigan's Children's Institute. Duration: 1950-53. Ann Arbor, Mich.; Neuropsychiatric Institute, University of Michigan and Michigan's Children's Institute.

*249. ROUDINESCO, JENNY. *Severe maternal deprivation and personality development in early childhood.* Understanding the Child, 1952, Vol. 21, pp. 104-108.

From a "research" study of children under 3 years of age who had been separated from their mothers before the age of 8 months, the author suggests that very damaging effects in personality development have resulted. Among the behavioral reactions observed by Dr. Roudinesco and her associates were apathy, passivity, lack of interest in people, prolonged immobility, perseveration of attitudes, refusal to walk and refusal of all contacts with adults, stereotyped movements, etc. Psychotherapy is now being given 13 young patients in an effort to determine how much recovery may be attained by children severely damaged by maternal deprivation.—W. Coleman. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5039.

250. RUESCH, JURGEN, ET AL. *Chronic disease and psychological invalidism—A psychosomatic study*. *Psychosom. Med. Monogr.*, 1946, No. 9. Pp. 191.

An investigation of delayed recovery among 123 patients in an extensive outpatient study included as data a complete medical history, a diagnostic psychiatric interview, social mobility, cultural factors, and psychological tests with intensive individual and group psychotherapy and a special emphasis upon character problems among 64 individuals in an intensive inpatient study. The author discusses the identification of the cases, medical aspects, psychosomatic relationships, situational conflicts, character problems, social, and cultural factors in delayed recovery, psychological problems in general medicine and the selection and prognosis of cases for therapy and rehabilitation. An appendix summarizes the sociopsychological aspects of patients with chronic disease and psychological invalidism. The rehabilitation of cases with delayed recovery is influenced by social and cultural factors. Patients with delayed recovery have many persistent infantile conflicts. "Situational conflicts concurrent with disease may contribute toward prolonged convalescence." Fifty-five-item bibliography.—P. S. deQ. Cabot. Abstract (In) *Psychol. Abstracts*, June 1947, Vol. 21, No. 6, Item 1888.

251. RUESCH, JURGEN; JACOBSON, ANNEMARIE; AND LOEB, MARTIN B. *Acculturation and illness*. *Psychol. Monogr.*, 1948, Vol. 62, No. 5, Whole No. 292.

This study is concerned with "the dynamics of culture change from ethnic to American in relation to illness." In order to assess the effects of stress and strain occurring during acculturation, a rating scale "based upon the concept of culture distance from the American core culture" was developed in addition to measures of personality structure and social environment. Using the described technique, 75 females "without particular selection of occupation, social class, age or psychopathology" were studied and scored for orientation, present status, extent of acculturation, as well as a scattering of scores to determine cultural mobility and to locate maladjusted individuals. Speed and ease of acculturation are facilitated by good motivation, age, intelligence, and factors increasing number of contacts. The role of psychotherapy in effecting adjustment is discussed. Forty-six references.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, February 1950, Vol. 24, No. 2, Item 557.

*252. SEARS, ROBERT R. *The relation of child-rearing practices to personality development of young children.* Cambridge, Mass.: Harvard University. Study in Progress, 1952. NIMH grant.

A large scale study to compare effects on child personality and emotional adjustment of different methods of rearing children.

253. SEARS, ROBERT R.; WHITING, JOHN M.; NOWLIS, VINCENT; AND SEARS, PAULINE S. *Some child-rearing antecedents of aggression and dependency in young children.* Genet. Psychol. Monogr., 1953, Vol. 47, pp. 135-236.

The dependency and aggressive actions of 19 girls and 21 boys of preschool age are related to such home experiences as maternal nurturance, severity of frustration and severity of punishment. The children's actions were categorized on the basis of direct observations plus teachers' ratings, and their home experiences were evaluated by ratings based on information obtained through three-hour interviews with the mothers. Although the obtained relationships are "of relatively low statistical reliability," they are interpreted as being "congruent with the theoretical formulation of the development of dependency and aggression."—G. G. Thompson. Abstract (In) Psychol. Abstracts, March-April 1954, Vol. 28, Nos. 3-4, Item 2347.

*254. SENN, MILTON J. E., ET AL. *Emotional development in early childhood.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 160 B, p. 101.

Long-term study beginning with pregnant women and their husbands, focusing on feelings and attitudes about pregnancy, child care and rearing, research will be carried through infancy and preschool periods. Research team representing medicine, psychoanalysis, psychology, social work, and education is collecting data on "emotional climate" into which children are born and reared, to contribute facts and scientifically validated data on personality development so that better child-care practices may be promulgated. Duration: 1950 continuing. Child Study Center, Yale University.

255. SEWELL, WILLIAM H. *Infant training and the personality of the child.* Amer. J. Sociol., 1952, Vol. 58, pp. 150-159.

The claims of the Freudians regarding the importance of infant training to personality adjustment were tested empirically by setting up a series of null hypotheses concerning the relationship of specific infant disciplines, undergone by 162 farm children of old American stock, to subsequent personality adjustments. The findings indicate that none of the disciplines was significantly related to childhood personality adjustment as measured in this study.—D. L. Glick. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3388.

*256. SILVERMAN, BARUCH. *A study of the effects of maternal deprivation.* Montreal, Canada: Montreal Mental Hygiene Institute. Study in progress, 1953.

This is a 5-year study carried on cooperatively between McGill University and the Montreal Mental Hygiene Institute on the effects of maternal deprivation. The program will cover the management and treatment of juvenile delinquents in an institutional setting; the management and treatment of young children from broken homes in a residential nursery center, and the outpatient treatment of emotionally maladjusted and behavior problem children of school and preschool age. The investigators are particularly interested in assessing the efficacy of existing treatment practices by comparing the long-term results with those of other treatment programs based on the implications of the findings in the Bowlby Report to the World Health Organization on Maternal Care.—Reported (In) Canada's Mental Health October 1953, No. 1, pp. 6, 7.

257. SKEELS, HAROLD M., AND DYE, HAROLD B. *A study of the effects of differential stimulation on mentally retarded children.* Proc. Amer. Assn. on Ment. Def., 1939, Vol. 44, No. 1, pp. 114-136.

Study was made of the effect on mental growth of young children of a radical shift from one institutional environment to another providing superior stimulation. "The experimental group included 13 mentally retarded orphanage children (mean I. Q. 64, Kuhlmann) from 1 to 2 years of age, placed singly or by twos on wards with brighter older girls in a school for the feeble-minded. This environment was stimulating, with many adult contacts provided. As a contrast group, 12 average and dull normal children (mean I. Q. 87, Kuhlmann) of similar ages in an orphanage nursery were studied. Few adult contacts were afforded, with limited opportunities for play and development. Retests of both groups after 2 years showed marked gains in intelligence (mean I. Q. 92) for the experimental group and marked losses (mean I. Q. 60.5) for the contrast group." The authors point out that "the possibility of increasing the mental capacity of 'functionally' feeble minded children should be considered as an essential objective in setting up an individualized treatment and educational program in a school for feeble-minded."—M. W. Kuenzel. Abstract (In) Psychol. Abstracts, March 1940, Vol. 14, No. 3, Item 1422.

258. SKODAK, MARIE, AND SKEELS, HAROLD M. *A followup study of 100 adopted children.* J. genet. Psychol., 1949, Vol. 75, pp. 85-125.

One hundred adopted children, representative of a larger group previously studied, were given the Revised Stanford Binet. Results presented in considerable detail lead to the following conclusions: "The intellectual level of the children has remained consistently higher than would have been predicted from the intellectual, educational, or socioeconomic level of the true parents, and is equal to or surpasses the mental level of own children in environments similar to those which have been provided by the foster parents. The implications *** justify a policy of early placement in adoptive homes offering emotional warmth

and security in an above average educational and social setting."—R. B. Ammons. Abstract (In) *Psychol. Abstracts*, July 1950, Vol. 24, No. 7, Item 3651.

259. SPITZ, RENÉ A. *The role of ecological factors in emotional development in infancy*. *Child Develpm.*, September 1949, Vol. 20, No. 3, pp. 146-155.

During infancy the emotional interchange with the mother, or with an adequate substitute, has been found to be the central psychosocial influence on future development. Deprivation of this contact, as in the case of infants in foundling homes, tends to reveal itself in marked emotional impoverishment, either giving way to complete apathy or resulting in hyperexcitability of the child. The author also discusses the effects of mothers with marked mood-swings and of those with a tendency toward overprotection on the behavior of the infant.—E. W. Gruen. Abstract (In) *Psychol. Abstracts*, September 1950, Vol. 24, No. 9, Item 4531.

260. STOLZ, LOIS MEEK, ET AL. *Father relations of war-born children—The effects of postwar adjustment of fathers on the behavior and personality of first children born while the fathers were at war*. Stanford, Calif.: Stanford University Press, 1953. Pp. 365.

"The investigation presented in this monograph deals with the adjustments of father and first-born child to the stress occasioned by return of the father from overseas at the close of World War II. The study is a direct outgrowth of the social concern for the effect of war on the mental health of children which was prevalent during the 1940-50 decade." P. 1.

261. THORNE, FREDERICK C. *Toward broader concepts of psychodynamics—Editorial opinion*. *J. clinic. Psychol.*, April 1953, Vol. 9, No. 2, pp. 202-203.

"While it may be valid to accept hypothetical models derived from the study of morbid case materials as working postulates in the field of psychopathology, it is probably invalid to regard them as being universally applicable to all cases of behavior. In our opinion, qualitatively different hypothetical models are needed to adequately explain the clinical data derived from the study of outstandingly healthy and creative personalities. A person can be free of disease but still spiritually bankrupt, unadjusted, inefficient, and creatively unproductive. We would like to postulate that the highest levels of health and creativity reflect the operation of qualitatively different positive principles involving specialized training, the acquisition of self-regulation, and the development of special skills and abilities, both innate and acquired. It appears that many of us have been looking through the wrong end of the telescope when dealing with normal or creatively superior behavior. * * * " P. 203.

262. ULLMAN, ALBERT D.; DEMONE, HAROLD W., Jr.; AND STEARNS, A. WARREN. *Does failure run in families? A further study of one thousand unsuccessful careers*. *Amer. J. Psychiat.*, 1951, Vol. 107, pp. 667-676.

This study indicates the cause for individual failure in society is a behavior disorder and recommends program for individual rather than social therapy as

solution. Comparison studies of Tewksbury State Hospital patients with their siblings reveal only a rare familial pattern of arrest or dependency. Investigations revealed a superior adjustment of the sibling group in various phases of life over the patients. Alcoholism as the causative factor was outstanding.—C. M. Flaherty. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 411.

263. WALL, JAMES H. *The evaluation of treatment*. *Psychiat. Quart.*, 1953, Vol. 27, pp. 240-244.

One hundred eighty-seven of two hundred forty-two patients benefited from treatment in a voluntary mental hospital in 1930. Two hundred seventy-six of 329 patients benefited in 1950. Thirty-seven percent of 500 schizophrenics benefited in 1935. Catatonics showed most improvement after leaving the hospital. Thirty-two percent of hospitalized neurotics were recovered 5-15 years after leaving the hospital in 1937. ECT shortens the treatment period for involuntaries. Fifty percent of cerebral arteriosclerotics could return to work. Twenty-three percent of alcoholics were recovered. Illness in a family often stimulated greater interest in psychiatry and mental hygiene.—D. Prager. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 3039.

(See also Nos. 22, 31, *32, 52, 63, 73, *78, 85, *86, 87, *89, *93, 94, 138, *153, *179, 180.)

Diagnostic, Prognostic and Treatment Procedures

*264. ADLER, LETA M.; CODDINGTON, JAMES W.; AND STEWART, DONALD D. *Mental illness in Washington County, Arkansas: Incidence, recovery, and post hospital adjustment*. Little Rock, Ark.: Arkansas State Hospital and Arkansas State Board of Health; and Fayetteville, Ark.: University of Arkansas, Institute of Science and Technology. Research Series, No. 23, July 1952. Pp. 74.

"This study is a portion of a broader investigation of mental illness and its treatment, known as the 'Arkansas Mental Health Survey.' The data and descriptive materials contained in this report are the result of an exploratory study of the outcome of hospitalization for 543 mentally ill of Washington County, Ark. The major concern was with the determination of the extent to which former mental patients had readjusted to job, community, and home following release from the Arkansas State Hospital." * * * P. iii.

265. ANDERSON, FORREST N., AND DEAN, HELEN C. *Some aspects of intake policy and practices—A study of 500 cases at the Child Guidance Clinic of Los Angeles*. Los Angeles, Calif.: Child Guidance Clinic of Los Angeles. Unpublished study, December 1950. Pp. 24.

266. APPEL, KENNETH E.; LHAMON, WILLIAM T.; MYERS, J. MARTIN; AND HARVEY, WILLIAM A. *Long term psychotherapy*. *Res. Publ. Assn. nerv. ment. Dis.*, 1951, Vol. 31, pp. 21-34.

Some of the factors influencing duration and outcome of therapy are reviewed. The similarity in results for a wide variety of psychotherapies is stressed and common denominators in psychotherapies are discussed. Twenty-eight references.—J. A. Stern. Abstract (In) *Psychol. Abstracts*, January–February 1954, Vol. 28, No. 1–2, Item 980.

267. ASH, PHILIP. *The reliability of psychiatric diagnosis*. *J. abnorm. soc. Psychol.*, 1949, Vol. 44, pp. 272–276.

By a conference interview method, 52 male patients were examined in a clinic by two or three psychiatrists. There was only 20 percent agreement of three psychiatrists on specific diagnoses, but 45 percent agreement on major categories of disorder. Pairs of psychiatrists agreed 31 to 43 percent on specific diagnoses, and 58 to 67 percent on major categories.—C. M. Harsh. Abstract (In) *Psychol. Abstracts*, November 1949, Vol. 23, No. 11, Item 5507.

268. ASSOCIATION FOR RESEARCH IN NERVOUS AND MENTAL DISEASES. *Psychiatric treatment—Proceedings of the Association, December 14–15, 1951, New York*. Baltimore: Williams and Wilkins. 1953. Pp. 449.

“In planning this symposium the Program Committee attempted to bring together a group of workers who have been specially interested in evaluating the effectiveness of treatment procedures. In this field, concerned with personality disorders and mental illness, we are urgently in need of accurate evaluation studies of the different therapeutic modalities; for too often claims are made for the effectiveness of a specific treatment without our having sufficient basic knowledge of the ‘life history’ of an illness.” P. xi.

“* * * A survey of the reports indicates that the therapist should be humble in claims made for the exclusive effectiveness of any one treatment procedure, or for any one factor influencing treatment in psychiatry. It would also appear, as one looks over the data of the course of personality illness and the effectiveness of various therapeutic procedures, that approximately one-third of the patients do not respond to treatment, one-third get well with treatment and one-third may be influenced to a greater or lesser degree by treatment. We have only meager information concerning what happens to patients who are not treated. Such studies pose the problem of the underlying psychobiological factors that make for responsiveness to treatment methods.” P. xii. From Preface by S. B. Wortis.

*269. BARTON, WALTER E. *Boston State Hospital pilot study*. Reported (In) Williams, Richard H.: *Psychiatric rehabilitation program planning and development 1953*. Bethesda, Md.: NIMH, PHS, U. S. Department of Health, Education, and Welfare.

“This project is designed to give more accurate estimates than are now available of the feasibility and suitability of rehabilitation activities in a large mental hospital, of training for such activities and of the integration of these activities with other aspects of total treatment. * * * It is also designed to increase our knowledge of how such studies can be effectively and efficiently done and to

develop specific leads for further research regarding numerous hypotheses or subhypotheses in the field of rehabilitation."

270. BECK, SAMUEL J., AND NUNNALLY, J. C. *Two researches in schizophrenia.* Amer. J. Orthopsychiat., 1953, Vol. 23, pp. 223-237.

A group of schizophrenic adults and a group of schizophrenic children were studied in the following ways: social workers obtained life histories of patients, and psychologists using only Rorschach tests, independently described the patients. Using the Q-technique, 6 schizophrenic types were isolated. In 4 of the 6 types there is agreement between Rorschach test patterns and those of psychiatrists. The types where there is disagreement are now being studied and the Q-technique is being applied to the social histories to search for any meaningful pattern of social dynamics involving these patients. In the discussion of this paper, Helen D. Sargent points out problems still to be faced in such an analysis.—R. E. Perl. Abstract (In) Psychol. Abstracts, March-April 1954, Vol. 28, Nos. 3-4, Item 2984.

271. BENNETT, A. E., AND SEMRAD, ELVIN V. *Common errors in diagnosis and treatment of the psychoneurotic patient—A study of 100 case histories.* Nebr. Med. J., March 1936, Vol. 21, No. 3, pp. 90-92.

"In 100 psychoneurotic case studies from the University of Nebraska Hospital we found that 72 patients were admitted with erroneous diagnosis of some severe organic disease. * * * Ill-advised therapeutic procedures were very common in the group; 173 surgical operations upon 73 patients had been performed, at least one-half of which were probably unnecessary. * * * After psychotherapeutic procedures, our records showed that 70 percent of the patients were definitely improved." P. 92.

272. BERG, IRWIN A. *Measures before and after therapy.* J. clin. Psychol., 1952, Vol. 8, pp. 46-50.

The various methods used in evaluating change from psychotherapy are discussed in terms of their advantages and disadvantages. All studies, regardless of the particular method utilized, require the use of control groups and the separating of the effects of formal therapy from other influences.—L. B. Heathers. Abstract (In) Psychol. Abstracts, March 1953, Vol. 27, No. 3, Item 1991.

273. BERLE, BEATRICE B.; PINSKY, RUTH H.; WOLF, STEWART; AND WOLFF, HAROLD G. *Appraisal of the results of treatment in stress disorders.* Res. Publ. Assn. nerv. ment. Dis., 1951, Vol. 31, pp. 167-177.

This paper describes the operation of a medical clinic in which patients are handled in terms of their personality adjustments. A preliminary report of the results of treatment is included. For the ulcerative colitis group comparison with a control group of ulcerative colitis patients who underwent conventional treatment is presented. For the other groups such comparisons were not yet available.—J. A. Stern. Abstract (In) Psychol. Abstracts, January-February, Vol. 28, Nos. 1-2, Item 1382.

274. BLAIN, DANIEL. *Statement on psychiatric illnesses as one of the principal diseases of mankind.* Prepared statement by the Medical Director, American Psychiatric Association, for the House Committee on Interstate and Foreign Commerce (The Wolverton Committee Hearings, Oct. 8, 1953.)

“IV. Some Major Unknowns in Mental Illness. Effectiveness of Therapies. No comprehensive research program for the evaluation of existing psychiatric therapies has ever been attempted. Such evidence as does exist is empirical and remains statistically unvalidated. The American Psychiatric Association at the present time is planning an extensive research program in this field, * * *” pp. 9, 10.

275. BOCKOVEN, JOHN S., AND HYDE, ROBERT W. *Comparative cost analysis of treatment results of intensive treatment hospital with traditional large mental hospital.* Boston, Mass.: Boston Psychopathic Hospital. Unpublished report, 1953.

“The net financial gain of intensive treatment (based on 100 admissions) in special hospitals was some \$130,000. It will be noted that the intensive treatment was able to maintain in the community 72 percent of the patients while the conventional institution discharges and maintains in the community 63 percent of the patients. These 9 patients amount to a 14 percent gain in the number of potentially productive wage earners in the community.” P. 2.

276. BOND, EARL D., AND BRACELAND, FRANCIS J. *Prognosis in mental disease.* Amer. J. Psychiat., 1937, Vol. 94, pp. 263-274.

A report based on patients in a private hospital, covering a period of 5 years. Of 171 cases of manic-depressive psychosis, 86 were cured, 19 were improved, and 30 showed no signs of amelioration; 24 died (12 by suicide) and the rest are unaccounted for. Of 116 cases of dementia praecox, 12 were cured, 25 showed some improvement, and 66 did not improve; 10 died, and 3 were not reported. Of 38 cases of general paresis, 13 were cured, 9 improved, 5 not improved, and 12 dead. Combining these figures with those of the psychoneuroses and the unclassified, the authors show 35 percent of cures, 18 percent of improved cases, 25 percent of no improvement (or regression), and 22 percent deaths.—F. W. Finger. Abstract (In) Psychol. Abstracts, October 1939, Vol. 13, No. 10, Item 5186.

277. BRILL, NORMAN Q., AND BEEBE, GILBERT W. *Follow-up study of psychoneuroses—Preliminary report.* Amer. J. Psychiat., December 1951, Vol. 108, No. 6, pp. 417-425.

A representative sample of 955 enlisted men with psychoneurotic disorders during World War II was followed up by interview and/or psychiatric interview. Factors in the history of the patients are related to severity of disorder and recovery therefrom.—N. H. Pronko. Abstract (In) Psychol. Abstracts, July 1952, Vol. 26, No. 7, Item 4156.

*278. BROTMAN, RICHARD E., AND SHULMAN, HARRY M. *Action research with street clubs and gangs.* (In) Children's Bureau: Research relating to

Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 67C, p. 162.

To study social process that takes place when a nondirective group work approach to autonomous street groups in their natural habitat is carried on with objective of social rehabilitation of maladjusted individuals through influence of group process. Subjects: Ten street clubs and gangs in the vicinity of the uptown campus of City College, aggregating some 100 youths. Duration: 1950—continuing. Community Service Division, City College of the City of New York, and New York City Youth Board.

279. BROWN, MARJORIE. *Adolescents treatable by a family agency*. Smith Coll. Stud. soc. Wk, 1947, Vol. 18, pp. 37-67.

An attempt is made to determine what factors are related to favorable case work results in adolescents. In 27 cases 59 percent were making good or improved adjustments when the case was closed. Success was associated with a friendly and outgoing attitude, previous good relationship with an adult, cooperative attitude toward treatment, and good ability to form a relationship with the caseworker quickly. Lack of success was associated with inability to make friends, generalized aggression, withdrawing, and a vague idea on the part of the client as to why he went to the agency.—M. R. Jones. Abstract (In) *Psychol. Abstracts*, April 1948, Vol. 22, No. 4, Item 1698.

280. BUGENTAL, JAMES F. T. *A method for assessing self and not-self attitudes during therapeutic series*. J. consult. Psychol., December 1952, Vol. 16, No. 6, pp. 435-439.

“ * * * * The Conceptual Matrix is composed of references to the self, the not-self and the interrelations within and between these two poles. The method calls for the study of the thought units expressed by a patient and their rating into the categories of the matrix and the values representing feeling tone. This rating process is found to be reasonably reliable when several different persons rate the same protocols. At the stage of development here reported the method is still crude and cumbersome. However, there is the suggestion that with refinements and much development a more facile instrument may emerge that will provide at least one line along which diagnosis, treatment, progress checks, and evaluation of outcome may be made truly coordinate.” P. 439.

281. BUGENTAL, JAMES F. T. *Explicit analysis of topical concurrence in diagnostic interviewing*. J. clin. Psychol., 1953, Vol. 9, pp. 3-6.

“Explicit Analysis is a general method for studying interview protocols. One dimension of Explicit Analysis is here demonstrated, that of topical concurrence. Topical concurrence refers to the agreement in the subject matter of what an interview participant says with what was said by the preceding speaker. Five levels of topical concurrence—passive, responsive, developing, diverging, and changing—are recognized. Eight brief interviews conducted by 2 interviewers with 4 patients are studied in the present report.” Data from these interviews are

used to demonstrate the potentialities of the method of Explicit Analysis.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7743.

282. BUTLER, JOHN M. *Assessing psychotherapeutic protocols with context coefficients*. *J. clin. Psychol.*, 1952, Vol. 8, pp. 199-202.

A method is suggested for showing the effect of other interview or context material on such balance coefficients as the Distress Relief Quotient. The clinical assumptions underlying a simple balance coefficient which does not take into account other interview responses are questioned.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 1994.

283. CARMICHAEL, HUGH T., AND MASSERMAN, JULES H. *Results of treatment in a psychiatric outpatients' department*. *J. Amer. Med. Assn.*, 1939, Vol. 113, pp. 2292-2298.

One hundred persons who had been studied as outpatients were interviewed at least a year after their first visit to the clinic. The observations confirmed the original diagnoses; there was a tendency for neurotic and psychotic reactions to be of a mixed nature, i. e., to include both somatic and mental dysfunctions. Fifty-one of the one hundred followedup patients showed definite improvement, with 36 able to resume occupational and social duties. It is suggested that more careful definition of terms and more detailed etiological data are required in original case histories.—F. W. Finger. Abstract (In) *Psychol. Abstracts*, July 1940, Vol. 14, No. 7, Item 3508.

*284. CAUDILL, WILLIAM, AND MOSTELLER, FREDERICK. *A pilot study—Harvard School of Public Health*. Reported (In) Williams, Richard H.: *Psychiatric rehabilitation program planning and development*, 1953. Bethesda, Md.: NIMH, PHS, U. S. Department of Health, Education, and Welfare.

This study is a corollary one related to the Boston State Hospital Study (*269). It will include an analysis of the influence of family and community on the psychiatric patient after discharge from the hospital. It aims to explore the nature and effect of the social and psychological resources and liabilities encountered by the patients in the community.

285. CHARLES, DON C. *Ability and accomplishment of persons earlier judged mentally deficient*. *Genet. Psychol. Monogr.*, 1953, Vol. 47, pp. 3-71.

This is a followup study of the ability status and general progress of 151 of the 206 persons investigated by Baller in 1935. The mean age of the subjects at the time of the present study was 42 years, so an adequate evaluation of adult adjustment could be made. Evidence relative to present social status was gathered. The present findings agree generally with Baller's 1935 report that the subjects have fared better "than early prognoses indicated they might." "The great variation in the present abilities and achievements of the subjects should dispel any notion that persons who give evidence of low ability in childhood develop and perform according to a rigid stereotype." Fifty-eight references.—

G. G. Thompson. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6615.

286. CHENEY, C. O., AND DREWRY, PATRICK H., Jr. *Results of nonspecific treatment of dementia praecox*. *Am. J. Psychiat.*, July 1938, Vol. 95, No. 1, pp. 203-218.

A study of the results obtained in 500 cases of dementia praecox treated by non-specific methods at the New York-Westchester Division, White Plains, N. Y. "Of a large group of dementia praecox patients of average or higher intelligence admitted to a hospital equipped and manned to give intensive, individual care and treatment by well-established methods, and remaining for treatment for approximately 1 year, it may be expected that at the end of their hospital residence 37 percent of the total number will have benefited by treatment and 7 percent will have recovered. (P. 204.) Furthermore, based on this study, we may expect that from 2 to 12 years after admission, of these 500 patients, 10 percent will have died, 43 percent will be having continued care in mental hospitals, and the remainder will be living outside of such hospitals. Approximately 60 percent of the original group will be unimproved, 16 percent will be improved, 14 percent will be much improved, and 12 percent will be recovered completely." P. 217.

287. COMROE, BERNARD I. *Followup study of 100 patients diagnosed as "neurosis,"* *J. nerv. ment. Dis.*, 1936, Vol. 83, pp. 679-684.

Study made at the Medical Clinic of the Hospital of the University of Pennsylvania. "A followup of 100 patients diagnosed as neurosis shows that 24 percent presented definite evidence of organic pathology within an average period of 8 months; analysis of the hospital records of these patients revealed that symptoms suggesting the organic disease were present during the original admission in most instances. Organic disease and neurosis may coexist, and either may prove the forerunner of the other. If a diagnosis of neurosis is made, careful periodic checkups should be performed to exclude the presence of organic disease." P. 684.

288. CRONBACH, LEE J. *Correlation between persons as a research tool.* (In) Mowrer, O. H., *Psychotherapy—Theory and research*. New York: Ronald Press Co., 1952, pp. 376-388.

Correlations between persons, of which the Q technique is an example, have significant scientific values. Such correlations are not unusual and examples from the area of tests are used to illustrate that logically this process is frequently used but unrecognized. The logic of correlations between persons in studying social relations, relations of persons within an individual, and in the general tasks of behavioral science are discussed.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, January–February 1954, Vol. 28, Nos. 1-2, Item 120.

289. CURRAN, DESMOND. *The problem of assessing psychiatric treatment—As illustrated by a followup of 83 patients seen at a general hospital.* *Lancet*, October 30, 1937, Vol. 223, pp. 1005-1009.

"The results are recorded of a followup conducted by questionnaire upon 83 patients who attended the psychiatric outpatient department of St. George's Hospital (London, England), the inquiry being made at a time covering 1-3 years after their last attendance. * * * Of these 83 patients 51 (61 percent) were found to be 'greatly improved' or 'improved' (following short-term psychotherapy) according to the criteria which were laid down. * * * It is also pointed out that the alternatives in psychiatric treatment are not 'intensive psychotherapy' or 'reassurance and medicine'; and that one of the most encouraging features in psychiatry is that many neuroses do improve when treated in quite simple ways, or as the result of circumstances over which a physician has exerted little or no control. * * * Finally it is stressed that to urge the adoption of a more critical attitude towards certain of the claims made for intensive psychotherapy does not imply a 'nihilistic attitude,' and that intensive psychotherapy seems unquestionably of immense and even specific value for carefully selected neuroses." P. 1009.

*290. DARBES, ALEXANDER J. *A Q-rating scale of ward behavior.* Cleveland, Ohio: Cleveland State Hospital. Study in progress, 1953.

291. DENKER, PAUL G. *Results of treatment of psychoneuroses by the general practitioner—a followup study of 500 cases.* New York State J. Med., 1946, Vol. 46, pp. 2164-2166.

"This study was made to determine, as tangibly as possible, the results obtained by the general practitioners throughout the country, in their treatment of psychoneurotic disorders and to compare such results with those reported by psychiatrists, psychoanalysts, and psychiatric hospitals. * * * Five hundred consecutive disability claims due to psychoneurosis, treated by general practitioners throughout the country, and not by credited specialists or in sanatoria, were reviewed. * * * In this series of 500 cases, there was no significant difference in the therapeutic success obtained by practitioners, psychiatrists, or psychoanalysts. If the patient's symptoms and problems can be looked upon sympathetically, if adequate time is allowed him to pour out his apparently neverending series of complaints, if common sense and honest reassurance are used in discussing his conflicts with him, and last, if confidence toward the physician is present, about the same number will get well in about the same length of time, whether cared for by the practitioner, the psychiatrist, or the analyst. After reviewing large numbers of these cases, one cannot help but get the impression that most psychoneuroses, as do many other diseases in medicine run a self-limited course, and that the 'time factor' is of the greatest importance." P. 2166.

292. DENKER, PAUL G. *The prognosis of insured neurotics.* New York State J. Med., 1939, Vol. 39, pp. 238.

This article is based on 1,000 disability insurance claims, with the following conclusions: (1) A followup study of 1,000 consecutive disability claims for psychoneurosis was made at least 5 years after disability had commenced. (2) Almost 30 percent were found to have been incorrectly diagnosed, the true nature

of the illness manifesting itself within 1 year. (3) A mortality study of the series shows that neurotics have a distinctly greater life expectancy than normals. The rarity of suicide in this group is stressed. (4) The duration of neurosis in relation to disability income, type of therapy, age, sex, and lump-sum compromise are analyzed, and this method of terminating neurotic claims is reviewed in the light of the present experience as well as others.—A. Chapanis. Abstract (In) *Psychol. Abstracts*, November 1939, Vol. 13, No. 11, Item 5689.

293. DITTMAN, ALLEN T. *The interpersonal process in psychotherapy—development of a research method.* *J. abnorm. soc. Psychol.*, 1952, Vol. 47, pp. 236-244.

"The general goal of this research is to develop a method for answering the following broad question: What specific kinds of therapist activity are associated with progress on the part of the patient toward 'improvement' * * * ? Progressive therapeutic movement was found to be associated with (1) high level of participation on the part of the therapist; and (2) response to either feeling or interpersonal behavior or both, *providing* the response occurs in the context of consistent response to both feeling and behavior," and (3) with therapist responses which were slightly deeper than pure "reflection."—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2778.

*294. DOLLARD, JOHN. *Development of quantitative methods for detailed study of psychotherapy.* New Haven, Conn.: Yale University. Study in progress, 1953. NIMH grant.

295. DOLLARD, JOHN, AND MOWRER, O. HOBART. *A method of measuring tension in written documents.* *J. abnorm. soc. Psychol.*, 1947, Vol. 42, pp. 3-32.

As a measure of progress in casework the Discomfort-Relief Quotient is the ratio of the number of words suggesting tension or discomfort to the number of words indicating both tension and relief from tension. A quotient was computed for each of 37 pages of a case record. High and low values coincided with periods of hope and discouragement, and the downward trend of the curve indicates success of the casework. Reliability of the D. R. Q. curve is shown by an average correlation of 0.81 between 8 judges who scored the case by words and by sentences. Scoring by clauses is slightly more reliable, but all 3 methods agree closely. Page scores and trends deviated significantly more than chance scores from dice throws. Similar agreement on D. R. Q. curves was found for 39 other case records scored by pairs of judges. The D. R. Q. is a summative measure of tensions but does not differentiate among various drives of the client, his family, and the community. Appendices include scoring instructions and an annotated 25-item bibliography of analogous studies.—C. M. Harsh. Abstract (In) *Psychol. Abstracts*, July 1947, Vol. 21, No. 7, Item 2360.

296. DUMAS, FRANK M. *The objective evaluation of therapeutic efficiency.* *J. Psychol.*, 1949, Vol. 28, pp. 181-185.

This is the last of a series of four papers attempting objective evaluation of therapeutic proficiency. The judgment as to suitable therapy of the Supervisory

Clinical Staff is set up as a standard against which the clinician's opinion is to be validated. Good and poor counselor responses are selected as part of this standardization. Statistical procedures are presented, leading up to a test of the null hypothesis, i. e., that the number of responses selected by both C and SCS is not significantly different from chance expectancy. These procedures allow comparison of one clinician with another, as well as with the SCS.—R. W. Husband. Abstract (In) *Psychol. Abstracts*, February 1950, Vol. 24, No. 2, Item 654.

297. EDWARDS, ALLEN L., AND CRONBACH, LEE J. *Experimental design for research in psychotherapy*. *J. clin. Psychol.*, January 1952, Vol. 8, No. 1, pp. 51-59.

This is an analysis of the design problems that arise when planning research in psychotherapy. The authors begin by distinguishing 4 general types of research which are rather closely related to the level of knowledge present in a given field. They then analyze experimental design problems present in conducting administrative (applied) and critical (basic) research. They emphasize the need to define or delimit both the possible independent and dependent variables. Factorial designs are suggested as an efficient technique for handling such complex situations as therapy. Stress is laid on errors that may arise in applying and interpreting statistical results, on the need to maintain both a rigorous and an intelligent approach to one's data.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 1997.

298. EYSENCK, H. J. *The effects of psychotherapy—An evaluation*. *J. consult. Psychol.*, October 1952, Vol. 16, No. 5, pp. 319-324.

An excellent comparison of some 17 studies including psychoanalysis, didactic psychiatry and practicing physicians. "A survey was made of reports on the improvement of neurotic patients after psychotherapy, and the results compared with the best available estimates of recovery without benefit of such therapy. The figures fail to support the hypothesis that psychotherapy facilitates recovery from neurotic disorder. In view of the many difficulties attending such actuarial comparisons, no further conclusions could be derived from the data whose shortcomings highlight the necessity of properly planned and executed experimental studies into this important field." Forty references.—F. Costin. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5921.

299. FAMILY WELFARE ASSOCIATION OF EVANSTON. *We check up on ourselves—a study of 99 cases one year after contact*. Evanston, Ill.: Family Welfare Association of Evanston, May 4, 1939. Pp. 12.

An evaluation of 99 cases served and discharged from the Agency during April, May, and June 1938. In the evaluation of the total family situations it was found that 70 percent had shown some improvement at time of closing and 77 percent showed some improvement a year later. In general, it was found that families having no previous contacts with the agency showed the most improvement. It was estimated that casework service was responsible in varying degrees for the improvement that took place in two-thirds of the cases, the

improvement in the other third being attributed to extraneous influences. Reported (In) Krughoff, Merrill, and Moore, Esther: *A report to the Committee on Appraisal of Needs and Services*. New York: Community Chests and Councils of America. Unpublished report, 1951, p. 10.

300. FEIFEL, HERMAN, AND SCHWARTZ, ARNOLD D. *Group psychotherapy with acutely disturbed psychotic patients*. *J. consult. Psychol.*, 1953, Vol. 17, pp. 113-121.

A description of how 20 group psychotherapy sessions of an "open-end type" were carried on by the authors with acutely disturbed schizophrenic patients. The main themes dominating the discussion are examined. Certain selected biographical factors were compared with patients not receiving the treatment. In general, the group psychotherapy patients showed more improvement, both in a quantitative as well as qualitative sense, than did a similar group who did not receive group psychotherapy. Areas for further research are presented.—F. Costin. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 2991.

301. FIEDLER, FRED E. *A comparison of the therapeutic relationships in psychoanalytic, non-directive and Alderian therapy*. *J. consult. Psychol.*, 1950, Vol. 14, pp. 436-445.

One electrically recorded interview was obtained from each of four analytic therapists, two Adlerians, and four nondirectivists. By the criterion of national reputation half were further classified as expert and half as nonexpert. The interviews were rated by four judges "in terms of 75 statements describing therapeutic relationships in accordance with the Q-technique." The results show that experts between schools come closer to the ideals of therapy than do experts and nonexperts of the same school of therapy. The data do not pertain to the effectiveness of different kinds of treatment.—N. Glaser. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 943.

302. FIEDLER, FRED E. *Factor analyses of psychoanalytic, nondirective, and Alderian therapeutic relationships*. *J. consult. Psychol.*, 1951, Vol. 15, No. 1, pp. 32-38.

The hypothesis that the nature of the therapeutic relationship is a function of "expertness" rather than "school" is supported by the results of four multiple factor analyses based on Q-technique assessments by four judges of 10 recorded therapy interviews. Of the 10 therapists furnishing data, 4 were nondirective, 4 were psychoanalytically trained, and 2 were Adlerian. Five were "experts" and five were "nonexperts." "No factors were found which clearly separate therapists of one school from another," but factors were discovered "which clearly differentiated experts from nonexperts regardless of school."—F. Costin. Abstract (In) *Psychol. Abstracts*, October 1952, Vol. 26, No. 10, Item 6321.

303. FIEDLER, FRED E. *Quantitative studies on the role of therapists' feelings toward their patients*. (In) Mowrer, O. Hobart (Ed.): *Psychotherapy—Theory and research*. New York: Ronald Press Co., 1952, pp. 296-315.

Research on the role which the therapist's feelings play in the therapeutic relationship is reviewed. "Good therapeutic relationships appear to be essentially similar in three different schools which employ different methods of treatment and which operate on the basis of different personality theories. We have also presented evidence suggesting that the therapist is primarily responsible for the character of the therapeutic relationship and that the patient exerts a limiting or constraining force in the relationship. We have finally indicated that certain feelings on the part of the therapist seem to be prerequisite for the free expression of patients' feelings and for the development of idealization of the therapist."—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, January–February 1954, Vol. 28, Nos. 1–2, Item 1003.

304. FIELDER, FRED E. *The concept of an ideal therapeutic relationship*. J. consult. *Psychol.*, 1950, Vol. 14, pp. 239–245.

Two investigations were undertaken to ascertain whether therapists with divergent theoretical views and therapeutic techniques also differed in their concept of an ideal therapeutic relationship. In both studies only one general factor was found. The better trained therapists of different schools agreed more highly with each other than they agreed with less well trained therapists within their own school. Naive subjects were well able to describe the ideal therapeutic relationship. The therapeutic relationship may be but a variation of good interpersonal relationships in general.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, April 1951, Vol. 25, No. 4, Item 2483.

305. FIELD, MINNA. *Psychiatric social work with insulin-treated patients*. Utica, N. Y.: State Hospital Press, 1945.

Following insulin shock therapy, two groups of patients were followed: One group was given care by experienced, well-trained psychiatric social workers, and the other received only the usual followup by the regular social service staff of the hospital. Findings indicated that the patients receiving psychiatric social work did considerably better than the control group patients, according to the criteria of measurement.

306. FISHER, KENNETH A. *Survey of patients under psychotherapy—Part I*. Mental Hygiene Unit, New York Regional Office, Veterans Administration, April 1950. Unpublished report.

In this study, evaluation of therapy is based on questionnaires filled out by the psychotherapists. In a second study, Part II, evaluation is based on a patient's questionnaire compared with psychotherapists' impressions. (See No. 307.)

307. FISHER, KENNETH A. *Survey of patients under psychotherapy—Part II*. Mental Hygiene Unit, New York Regional Office, Veterans Administration, November 1950. Unpublished study.

The previous study, April 1950 same title, evaluation was limited to results of a questionnaire filled out by the psychotherapists. In this study, evaluation is based on a patient's questionnaire compared with psychotherapists' impressions.

308. FRIESS, C., AND NELSON, M. J. *Psychoneurotics five years later.* Amer. J. med. Sci., 1942, Vol. 203, pp. 539-558.

In a general medical clinic 269 consecutive patients with the diagnosis of psychoneurosis were reinvestigated after the lapse of 5 years. Twenty-five percent had coexisting major organic disease at the time of the original interview. By far the most complaints were referred to the nervous system or the body as a whole, followed by those referred to the gastrointestinal tract. In two-thirds of the cases the complaints remained fixed. At the end of 5 years, 40 percent of the patients showed no change in psychiatric status, 22.5 percent were improved, 18 percent were worse. Suggestions are made for the care of psychoneurotic outpatients. Shunting a troublesome case from one clinic to another adds to the cost of care and jeopardizes the chance of cure. He should have only one doctor. An internist with adequate training and a suitable clinic organization can, in a few concentrated interviews, make the patient's life more tolerable, although the basic attitude and behavior pattern, when once established, remains unchanged.—M. E. Morse. Abstract (In) *Psychol. Abstracts*, September 1942, Vol. 16, No. 9, Item 3577.

309. FROELICH, CLIFFORD P. *Toward more adequate criteria of counseling effectiveness.* Educ. psychol. Measmt, 1949, Vol. 9, pp. 255-267.

A study designed to provide comparative data on criteria which have been used or proposed for evaluating counseling. Two hundred and seventy-nine followup interviews were conducted from a population of 740 subjects who had availed themselves of the counseling services offered by the State Consultation Service at Richmond, Va. Contingency coefficients among followup items selected as criterion items are presented and grouped under the following categories: (1) Occupational adjustment criterion, (2) personal adjustment criterion, (3) client's attitude criterion, and (4) change in status criterion.

310. GALIONI, ELMER F.; ADAMS, FREEMAN H.; and TALLMAN, FRANK F. *Intensive treatment of backward patients—A controlled pilot study.* Amer. J. Psychiat., February 1953, Vol. 109, No. 8, pp. 576-583.

This is the "total-push" pilot study at the Stockton State Hospital, California State Department of Mental Hygiene. Using an experimental and control group, "the indication of this study is that a common integrated treatment program by means of a team approach in an atmosphere of therapeutic optimism can be a potent factor in the rehabilitation of increasing numbers of the so-called chronic patient. By itself, however, it will be doomed to failure if these initial results cannot be followed by the combined efforts of the hospital and the community in combating the 'Rip Van Winkle' effects observed in patients hospitalized for many years." P. 583.

311. GARFIELD, SOL. L., AND KURZ, MAX. *Evaluation of treatment and related procedures in 1,216 cases referred to a mental hygiene clinic.* Psychiat. Quart., 1952, Vol. 26, pp. 414-424.

Thirty-two percent of 1,216 cases were not offered treatment. Twenty-seven percent of the remainder refused treatment. About two-thirds of those accepting treatment received less than 10 interviews. About two-thirds of the cases were self-terminated. More than 50 percent of those who improved received less than 10 interviews. There is need for more rigorous and meaningful appraisals of psychotherapy.—D. Prager. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 4290.

312. GENN, GEORGE AND BEECHLEY, ROBERT M. *A sampling study of 17,120 mental hygiene clinic patients.* Amer. J. Psychiat., 1952, Vol. 109, pp. 108-111.

Information about 750 of the 17,120 patients served by the Northern New Jersey Mental Hygiene Clinics in 25 years. The community-behavioral adjustment, prognosis for therapy, estimated improvement, age, mental level, and educational background of the clientele were reviewed. Examples used for evaluations of qualitative data were cited. Implications of the findings were presented.—F. W. Snyder. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5130.

313. GLOVER, EDWARD. *Research methods in psychoanalysis.* Int. Psychoanal., 1952, Vol. 33, pp. 403-409.

Psychoanalytic research is weak. It is unorganized; and, as a result, its concepts lack clear definition. There is a tendency inherent in the training of analysts to perpetuate the errors of the training analyst. There are no controls on the interpretations given in analysis and no way to determine their effectiveness.—G. Elias. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 6868.

314. GOLDFARB, ALVIN I., AND TURNER, HELEN. *Psychotherapy of aged persons. II. Utilization and effectiveness of "brief" therapy.* Amer. J. Psychiat., 1953, Vol. 109, pp. 916-921.

Seventy-five residents of the Home for Aged and Infirm Hebrews referred for psychiatric care were given treatment consisting of as widely spaced and brief sessions as possible. Emotional gratification of the patient toward increased self-esteem was the therapeutic aim of each session. "Results were better than expected." Twenty-six references.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 2361.

315. GROSSMAN, DAVID. *An experimental investigation of a psychotherapeutic technique.* J. consult Psychol., October 1952, Vol. 16, No. 3, pp. 325-331.

"Two groups of 10 male subjects were matched on a basis of personality, insight, verbal reasoning ability, prognosis, and motivation. In one group the therapist recognized only explicit feelings and in the other only implicit feelings. Insight measures were administered prior to, just after, and 4 weeks following three 60-minute individual interviews, which were wire recorded. * * * The

study supports the contention that psychotherapy can be studied objectively and experimentally." P. 331.

316. GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. *Collaborative research in psychopathology*. Topeka, Kans.: Group for the Advancement of Psychiatry, Committee on Psychopathology. January 1954, Report No. 25. Pp. 12.

"In few medical specialties is research more acutely needed than in psychiatry; and perhaps no comparably important area shows greater research neglect. * * *" P. 1. "This initial report has indicated the broad research possibilities in the clinical material with which psychiatrists deal, the main factors which have restricted and hampered the development of research and a general orientation concerning research methods and interdisciplinary collaboration. A subsequent report will discuss specific means of translating promising research leads and hypotheses about psychopathology and psychodynamics into systematic investigation." P. 9.

317. GROWDON, C. H. *Three years of followup; covering 1,616 delinquent and problem children studied in residence at the State Bureau of Juvenile Research, Columbus, Ohio, during 1944, 1945, and 1946*. Columbus, Ohio: State Bureau of Juvenile Research, 1951. Pp. 20.

A followup study is presented of 1,616 children with behavior problems, representing the entire intake of resident cases at the Ohio State Bureau of Juvenile Research during the years 1944-46, covering a period of 12 months following the date of discharge from the Bureau. It is pointed out that the success of an agency handling juvenile behavior cases and the successful aftercare of a child must be evaluated in terms of how often and how well the recommendations are followed out. Comparison is made as to the degree of adjustment from "problem solved" to "definitely worse" against the degree of cooperation in the following of recommendations.—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 350.

*318. GRUMMON, DONALD L. *Studies in client-centered psychotherapy. II. Design, procedures and subjects for block I*. *Psychol. Serv. Center J.*, March-June 1951, Vol. 3, pp. 29-46.

"This paper describes the design, the procedures, and the subjects employed in a number of coordinated researches investigating the process and outcomes of client-centered psychotherapy." The general plan of the study is "to make psychological and behavioral measures before, during, and following the therapy (including long-term followup) and to record all the interviews which serve as the basic data for studies examining the process of client-centered psychotherapy." The various tests used, the selection of the experimental and control groups, as well as of research counselors are covered. The testing situation and the chronology of the data gathering procedures are also described.—H. Feifel. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1205.

319. HARDCastle, D. H. *A followup study of 100 cases made for the Department of Psychological Medicine, Guy's Hospital.* J. ment. Sci., 1934, Vol. 90, pp. 536-549.

The results of treatment gleaned from a followup study, particularly of 67 children who had attended the Child Guidance Clinic of Guy's Hospital, London, are contrasted in regard to sex, number of attendances, age at time of referral, I. Q., and results of treatment, with the results found at the Institute of Child Guidance, New York. Differences in equipment, selection of cases, and rating systems made absolute comparisons impossible, but in each of the factors examined the similarities of the results of treatment in the two institutions were much more striking than the differences revealed.—J. McV. Hunt. Abstract (In) *Psychol. Abstracts*, May 1935, Vol. 9, No. 5, Item 2511.

320. HARRIS, HERBERT I. *Efficient psychotherapy for the large outpatient clinic.* New England J. Med., July 6, 1939, Vol. 221, No. 1, pp. 1-5.

"A method of group psychotherapy of proved efficacy and practicability is presented. Of 500 consecutive cases in a general medical clinic, 36 percent were found to be psychoneurotic. The necessity of conserving physician-time in the treatment of this large group of patients is pointed out, and the efficacy of the group method to effect this is indicated. The method and results of group-therapy meetings are outlined and reported." P. 5.

*321. HASTINGS, DONALD W., AND HATHAWAY, STARKE R. *Followup study of patients discharged from a mental hospital.* Minneapolis, Minn.: University of Minnesota, Department of Psychiatry and Neurology. Study in progress, 1952.

Out of a total patient group of 1,638 cases, 1,261 patients still living in Minnesota were studied. Tentative results indicate "the relatively high ability of patients with common psychoneuroses to adjust * * * the higher-than-expected recovery rate of patients with a diagnosis of senile and arteriosclerotic psychoses; and the prognosis for psychopathic personality are encouraging aspects." Reported in *Mental Health Progress (Minnesota)* May 1952, Vol. 3, No. 5, pp. 2, 3.

322. HEADLEE, RAYMOND. *An analysis of 271 consecutive cases seen by a psychologic service unit in Milwaukee.* Wisc. Med. J., 1951, Vol. 50, pp. 161-167.

This is an analysis of cases seen at a private clinic. The purpose of the analysis is to "clarify (1) just what motivations exist for referrals," (2) what was actually done; and (3) how to evaluate the "service" in terms of specific objectives. Twenty-four of the cases are described briefly in order to illustrate some of these purposes.—F. Costin. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 6959.

323. HEALY, WILLIAM, AND BRONNER, AUGUSTA F. *Treatment and what happened afterward—A study from the Judge Baker Guidance Center.* 38½ Beacon St., Boston, Mass.: Judge Baker Guidance Center, 1939. Pp. 54.

Four hundred cases treated 5 to 8 years ago at the Judge Baker Guidance Center are reviewed with respect to their subsequent adjustment. The data are analyzed with regard to the nature of the difficulty presented, sex, age at referral, type of treatment instituted, etc. A final chapter discusses briefly "the spirit of clinical treatment."—M. Keller. Abstract (In) *Psychol. Abstracts*, May 1940, Vol. 14, No. 5, Item 2669.

324. HOFFMAN, A. EDWARD. *A study of reported behavior changes in counseling.* Jour. consult. *Psychol.*, June 1949, Vol. 13, No. 3, pp. 190-195.

Behavioral references from 10 cases were extracted and classified according to reported present behavior, reported past behavior, and reported future-planned behavior. Each of these 3 categories was classified into 1 of 3 levels of maturity—highly mature, partly mature, immature. Considering all 10 cases there is an increase in maturity of reported behavior from the first third to the last third of therapy but this increase is not statistically significant. The difference in improvement between the 5 more successful cases and the 5 less successful, judged by increase in maturity of reported behavior, is statistically significant.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 202.

325. HOLLIS, FLORENCE. *Women in marital conflict—A case study.* New York: Family Service Association of America, 1949. Pp. 236.

This is an evaluation of 100 closed marital conflict cases, in an attempt to evaluate change in connection with only one major problem—marital adjustment. Fifty-two showed no improvement, 18 improved somewhat, and 26 improved considerably (4 were unclassified). The bulk of the unchanged groups were short contract cases; when cases of less than 4 interviews were eliminated, the proportion of those showing improvement increased to more than two-thirds of the cases. Also an attempt was made to judge the quality of casework itself.

326. HOLT, WILLIAM L., JR., AND HOLT, WINIFRED M. *Long-term prognosis in mental illness—A 30-year followup of 141 mental patients.* Amer. J. *Psychiat.*, April 1952, Vol. 108, No. 10, pp. 735-739.

"All of the 141 patients admitted in 1921 to Westborough State Hospital were investigated 30 years later. Only 7 percent of the group could not be traced. Twenty-six percent of all admissions traced were recovered before death or when seen after 30 years. It was noteworthy that the dementia praecox patients, constituting 42 percent of the group, accounted for 39 percent of the surviving patients in the community and 35 percent of all recovered patients. Where no significant diagnostic disagreement occurred throughout successive hospitalizations, only 13 percent of dementia praecox patients were recovered. Where the last hospital diagnosis was accepted as valid, 23 percent of dementia praecox patients were recovered at death or when seen after 30 years and an additional 6 percent were much improved."—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 7145.

327. HUNT, J. McV. *Measuring movement in casework*. J. soc. Casewk, 1948, Vol. 29, pp. 343-351.

The attempt to devise a dependable measure of the results of casework resulted in two instruments with known reliability: Distress-Relief Quotient, and a scale for judging movement. They are described and the criteria for movement are examined. The author anticipates that further work may make it feasible and relatively inexpensive to incorporate such judgments in statistical reports of any agency. The results of followup study are necessary before the validity of these measures can be known.—V. M. Stark. Abstract (In) Psychol. Abstracts, March 1949, Vol. 23, No. 3, Item 1290.

328. HUNT, J. McV. *Measuring the effects of social casework*. Transactions of the New York Academy of Sciences, January 1947, Series II, Vol. 9, pp. 78-88.

One of a series of studies carried on by the Institute of Welfare Research of the Community Service Society of New York City.

329. HUNT, J. McV. *Toward an integrated program of research on psychotherapy*. J. consult. Psychol., 1952, Vol. 16, pp. 237-246.

This is a paper presented as the address of the president of the Division of Personality and Social Psychology of the APA at the annual meeting of the division in Chicago, September 1, 1951. The need for research on the results of psychotherapy is stressed. An "ideal design for an integrated program of research on psychotherapy" is given in detail.—F. Costin. Abstract (In) Psychol. Abstracts, June 1953, Vol. 27, No. 6, Item 4297.

330. HUNT, J. McV.; BLENKNER, MARGARET; and KOGAN, LEONARD S. *Testing results in social casework—A field test of the movement scale*. New York: Family Service Association of America, 1950. Pp. 64.

One of a series of studies sponsored by the Institute of Welfare Research of the Community Service Society of New York City. An attempt is made to measure the standardized judgment of professional caseworkers on a variable, termed movement. The instrument employed is the Movement Scale which is comprised of four questions which concern themselves with the (1) reliability, (2) applicability and relevance, (3) amount of movement, and (4) feasibility of the method.—V. M. Stark. Abstract (In) Psychol. Abstracts, January 1951, Vol. 25, No. 1, Item 343.

331. HYDE, ROBERT W., AND BOCKOVEN, JOHN S. *Evaluation of part of the work of Southard Clinic (Outpatient Department, Boston Psychopathic Hospital) for calendar year 1951*. Boston, Mass.: Boston Psychopathic Hospital. Unpublished report, 1952.

The Southard Clinic performs a dual function: Treating patients for whom there is no expectation of hospitalization—852 patients a year; and the care and treatment of potential or ex-inpatients, serving 248 patients during the year. One hundred and seventy-five patients (248 minus 73 ex-house patients) were poten-

tial hospital patients. "The average of 30 psychotherapy sessions per year per patient for the 102 who had psychotherapy at the computed cost of \$10 per visit cost \$30,600. The 10 shock treatments at a cost of \$20.19 for the series of 10 for the 73 patients treated with electric shock cost \$1,474," or a total of \$32,074. "If the 175 patients had remained in a 'custodial' hospital for treatment throughout the entire year at a cost of \$780 per year, the total cost would have been \$136,500. * * * If these 175 patients had been in a hospital which had more adequate facilities * * * it might be expected that 60 percent of the patients would go home after an average 6 months' stay, * * * and the remaining 40 percent would stay for the entire year at a cost of \$780 per year. The total cost for the year would be \$95,500 which compares with the aforementioned outpatient cost of \$32,074 which would give a saving of \$63,476." Pp. 3, 4.

*332. INFORMATION AND REHABILITATION CENTER FOR ALCOHOLISM. *Studies on alcoholism*. Buffalo, N. Y.: Information and Rehabilitation Center for Alcoholism. Studies in progress, 1952.

Some followup study is being done of cases previously seen at the Center. Some attempt is made to reach 100 consecutive cases open prior to July 1, 1951, through questionnaires. Another study is being made of the census tract distribution of alcoholic patients admitted to the Meyer Memorial Hospital during calendar year 1950. A series of 697 admissions is being studied in this way. For the future, in addition to the recruitment of personnel mentioned above, the Center has in mind a cost analysis of their service to alcoholic patients.

333. JACOBSEN, VIRGINIA. *Factors in the outcome of treatment of school phobia*. Smith Coll. Stud. soc. Wk, June 1948, Vol. 18, No. 3. Pp. 181-202.

Thirty cases taken from the files of the Bureau of Child Guidance of the New York City Board of Education were studied. There were 18 girls and 12 boys ranging from kindergarten to seventh grade and in I. Q. from 79 to 154. Stated fears centered around the school or teacher (16 cases), other children (6 cases) and of something happening to the mother (4 cases). Twenty-three children were withdrawn but 19 were willful and demanding toward their parents. Symptoms tended to involve mother-centered fears. In 9 cases the basis for the problem seemed to be in the parent-child relationship while in 17 more this relationship was an important factor. Treatment was considered successful in 9 cases, unsuccessful in 8. The more intelligent children in kindergarten or first grade who do not completely dominate their mothers seem more amenable to treatment. Boys responded better than girls but also had more of the above characteristics. Early attention to getting the child back in school seems important.—M. R. Jones. Abstract (In) *Psychol. Abstracts*, November 1948, Vol. 23, No. 11, Item 5028.

334. JACOBSON, J. R., AND WRIGHT, KATHERINE W. *Review of a year of group psychotherapy*. Psychiat. Quart., 1942, Vol. 16, pp. 744-764.

The writing of the alphabet on a blackboard in a group situation serves as a simple act which can afford specific diagnostic information and indicates the

form of psychotherapy to be employed. Each session serves as examination and therapy. The 7 or more modifications of the basic situation serve as tests of attention, frustration, and neuromuscular control. Of 73 patients who attended weekly 1½ hour classes for 1 year, 32 improved or recovered. Several of the cases are discussed.—E. H. Rodnick. Abstract (In) *Psychol. Abstracts*, February 1943, Vol. 17, No. 2, Item 557.

335. JOHNSON, LILLIAN J., AND REID, JOSEPH H. *Testing casework results—Hope for three out of four.* Survey Midmonthly, October 1947, Vol. 83, No. 10, pp. 271-273.

The authors tell how the staff of Ryther Child Center, Seattle, cast up its accounts for 10 years of success and failure in casework treatment. "Altogether, 430 children have been given treatment through the center's institutional unit, in the 10-year period 1935-45. In terms of the criteria described, the study shows that in 74 percent of these cases, the treatment can be considered 'successful.'" P. 271.

336. JONES, FRANCIS D., AND PETERS, HENRY N. *An experimental evaluation of group psychotherapy.* J. abnorm. soc. Psychol., 1952, Vol. 47, pp. 345-353.

The investigation described in this paper was a test of the hypothesis that group psychotherapy using action methods has measurable effects on patients' behavior. From this hypothesis it was deduced by the investigators that certain changes in a patient's performance as measured by the various instruments used would appear following the therapy interval. The null hypothesis with respect to each of the test measures was tested by comparing the changes from first to second measurements in a test and control group of Negro schizophrenic patients.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2785.

337. JONES, MAXWELL. *The therapeutic community—A new treatment method in psychiatry.* New York: Basic Books, Inc., 1953. Pp. 186.

Dr. Jones is Consulting Psychiatrist, Post Graduate Medical School of London and Senior Psychiatrist, Industrial Neurosis Unit, Belmont Hospital, London. Recent British experiments, reported in this book, go a substantial step beyond what we know as group therapy. "Therapy" in the Industrial Neurosis Unit at Belmont covers the entire working day of the patient and includes all his contacts with other persons. The Therapeutic Community views treatment as located not in the application by specialists of certain shocks, drugs or interpretations, but in the normal interactions of healthy community life. Work experience in genuine jobs replaces the mere time-killing characteristics of "occupational therapy." The patients studied here were "tough" cases. The "Therapeutic Community" refers only to carefully managed relationships within a closed institution. Six months later 44 percent were considered as "satisfactorily adjusted," 22 percent as "fair" and 34 percent as "poor."

338. KESSEL, L., AND HYMAN, H. T. *The value of psychoanalysis as a therapeutic procedure.* J. Amer. med. Assn., 1933, Vol. 101, pp. 1612-1615.

During the past 12 years the authors have referred certain of their patients to accredited psychoanalysts. Of these 33 had submitted to a more or less complete analysis. In 16 cases the results were definitely bad. In 12 additional cases the patients were benefited by analysis. The usefulness of this form of therapy is limited by psychiatric status, age, and the small number of properly trained analysts.—D. J. Ingle. Abstract (In) Psychol. Abstracts, July 1934, Vol. 8, No. 7, Item 3563.

339. KLEHR, HELEN C. *Descriptions of a social service followup study—Methods and problems.* Amer. J. Orthopsychiat., 1951, Vol. 21, pp. 378-386.

As part of a research project validating Rorschach findings in schizophrenics who had been studied from 3 to 12 years ago, a social service followup was made to (1) obtain a complete background and interim history relating to actual life adjustments in all pertinent areas, and (2) secure former patients' participation for a new psychiatric evaluation and Rorschach test with which to compare the original findings. In the discussion, William F. Roth says this paper shows how a trained social worker can make an indispensable contribution to research which may be of much greater significance than any routine therapeutic assignment.—R. E. Perl. Abstract (In) Psychol. Abstracts, April 1952, Vol. 26, No. 4, Item 2158.

340. KNIGHT, ROBERT P. *Evaluation of the results of psychoanalytic therapy.* Am. J. Psychiat., 1941, Vol. 98, pp. 434-446.

This paper reviews and evaluates the valid and invalid factors which operate against the reporting of results by psychoanalysts. A composite table is presented dealing with the reports of almost 1,000 cases taken from different sources.—R. Goldman. Abstract (In) Psychol. Abstracts, August 1942, Vol. 16, No. 8, Item 3068.

341. KOGAN, LEONARD S.; HUNT, J. McV.; AND BARTELME, PHYLLIS F. *A follow-up study of the results of social casework.* New York: Family Service Association of America, 1953. Pp. 115.

This is a report of a study conducted 5 years after cases were closed. Its purposes were: To determine whether, and in what form and to what degree, the effects of casework services were discernable; to obtain empirical data testing the validity of the measures of change in clients which were previously devised; and to learn the advantages and disadvantages of the followup procedure.

342. KOSEN, LOUIS; GOERTZEL, VICTOR; AND EVANS, MONA. *The psychodynamics of failure in therapy.* Amer. J. Psychiat., July 1951, Vol. 108, No. 1, pp. 37-41.

This study of 54 failures in psychotherapy considers the following points: Motivation, dynamics, and transference and countertransference problems.—F. W. Snyder. Abstract (In) Psychol. Abstracts, February 1953, Vol. 27, No. 2, Item 1208.

343. KUBIE, LAWRENCE S. *The objective evaluation of psychotherapy—Round table 1948.* Amer. J. Orthopsychiat., 1949, Vol. 19, p. 463-1.

"An objective evaluation of the psychotherapeutic process is the most urgent challenge which confronts the psychiatrist, the clinical psychologist, and the psychiatric social worker. Yet it is so difficult that it has never been met adequately. * * * In essence it is because there are so many powerful variables whose effects on therapy must be assessed: e. g., the kind of illness, the type of personality, the external life situation, the techniques used, the personality of the therapist, etc."

344. LANDIS, CARNEY. *A statistical evaluation of psychotherapeutic methods.* (In) L. E. Hinsie (Ed.): Concepts and problems of psychotherapy. New York: Columbia University Press, 1937. Pp. 155-169.

345. LANDIS, CARNEY, AND PAGE, JAMES D. *Modern society and mental disease.* New York: Farrar & Rinehart, 1938. Pp. 190.

From a statistical analysis of the incidence of mental disease as related to economic status, age, marital status, race and culture, and urban and rural environments, these writers conclude that the basic etiological factors are physiological and constitutional rather than psychological. The incidence of disorder did not increase during the war or during the economic depression of 1929-32. The highest incidence rates are found above 50 years rather than during adolescence and adulthood, which are regarded as the age-periods of greatest psychological stress. Moreover, the age curve for all mental diseases combined resembles, up to 75, the age curve for deaths from physical diseases, and the various mental ailments tend to be limited to specific age periods. The lowest incidence rate is present in the married population, the highest in the divorced, with single and widowed intermediate. The same mental diseases are found among American Indians, African Negroes, the Europeans, and the Chinese, though physical and cultural environments differ greatly. The changing standards of the last 25 years have had but slight effect upon incidence rates, except for senile disorders, which have increased markedly, presumably because of the increase in average longevity. Urban environments have higher incidence rates than rural ones. The writers urge the encouragement of all types of extra-hospital care, the old-age care, and nonurbanization, but they question eugenic attacks.—J. McV. Hunt. Abstract (In) Psychol. Abstracts, January 1939, Vol. 13, No. 1, Item 316.

346. LEHRMAN, LOUIS J.; SIRLUCK, HILDA; BLACK, BERTRAM J.; GLICK, S. J.; AND OTHERS. *Success and failure of treatment of children in the child guidance clinics of the Jewish Board of Guardians, New York City.* New York: Jewish Board of Guardians. Research Monograph No. 1, 1949. Pp. 85.

A study of the results of treatment among a group of 366 children whose cases were closed by the child guidance clinics during the period of 1 year. A control group of 110 in need of treatment, but because of voluntary withdrawal did not receive treatment, was used for comparative purposes. A followup was made 1

year after the closing of the case. Analysis showed a higher percentage of social adjustment among the treated children (51 percent of the treated children and 32 percent of the untreated children made "successful" community adjustments.)

*347. LEVINE, MAURICE, AND GOTTSCHALK, LOUIS A. *A psychiatric study of surgical patients.* Cincinnati, Ohio: University of Cincinnati. Study in progress, 1954. NIMH grant.

348. LORR, MAURICE. *Multidimensional scale for rating psychiatric patients.—hospital form.* Washington, D. C.: Veterans Administration, Technical Bulletin, TB 10-507, November 16, 1953. Pp. 44.

The schedule secures in a relatively objective and quantitative form a description of the observable behavior or readily inferable traits and common symptoms of hospitalized patients. The scales represent a broad sample of important symptoms characteristic of the functional psychoses. They demand a minimum of interpretation on the part of the observer and they yield judgments relatively unbiased by the rater's point of view or theoretical persuasion. P. 1.

349. LORR, MAURICE. *Rating scales and checklists for the evaluation of psychopathology.* Psychol. Bull., March 1954, Vol. 51, No. 2, pp. 119-127.

"The purpose of this review has been to examine and report on rating scales and checklists designed to describe psychiatric patients in the interview and on the ward that have appeared during the past 10 years." P. 126.

350. LORR, MAURICE, AND JENKINS, RICHARD L. *Patterns of maladjustment in children.* J. clin. Psychol., 1953, Vol. 9, pp. 16-19.

Factor methods were applied to statistical data based on 5,000 cases examined at the Institute for Juvenile Research to determine meaningful categories for behavior disorders in children. "Five oblique factors are found in parallel analyses of boys and girls. These factors may be described as socialized delinquency, internal conflict, unsocialized aggressiveness, brain damage and schizoid reaction. A second order factor analysis, undertaken in the case of the boys only, indicates that the interrelations between these primary factors can be accounted for in terms of two orthogonal second-order factors, a factor of rebellion characteristic of both the unsocialized aggressive and the socialized delinquent, and a factor of maladaptation tending toward disorganization of the adaptive process and most characteristic of the schizoid."—L. B. Healthers. Abstract (In) Psychol. Abstracts, November 1953, Vol. 27, No. 11, Item 7843.

351. LUBORSKY, LESTER. *Individual repetitive measurements (P technique) in understanding psychotherapeutic change.* (In) Mowrer, O. Hobart: Psychotherapy—Theory and research. New York: Ronald Press Co., 1952, pp. 389-413.

The P technique defined as a "factor analytic treatment of repeated intraindividual measurements" is illustrated in connection with the psychotherapy of an adult male. Forty-six measures were made at each therapy session which when analyzed resulted in nine factors. The significance of these factors is discussed in relation to the therapy protocols and clinical judgments.—C. M. Louttit. Ab-

stract (In) *Psychol. Abstracts*, January-February 1954, Vol. 28, Nos. 1-2, Item 1036.

352. LUFF, MARY C., AND GARROD, MARJORIE. *The after-results of psychotherapy in 500 adult cases.* *Brit. Med. J.*, July 1935, Vol. II, pp. 54-59.

The group of 500 adult patients covered by these statistics were treated at the Institute of Medical Psychology, Tavistock Clinic, London, England, between October 1928, and the end of 1931. Summary: "1. The results of treatment by psychotherapy of 500 consecutive adult patients are examined. 2. On discharge from treatment 65.6 percent of the patients are found to be much improved or improved. On reassessment after 3 years' followup the figure is 55 percent. 3. Analysis of length of treatment shows that 250 cases were treated by short methods (under 20 interviews), 195 attended between 20 and 60 times, and 55 over 60 times. The results in the three groups are almost identical. 4. Detailed analyses are made of the results in different types of illness, males and females, married and single, age groups, occupations, and patients with psychopathic heredity and adverse early environment. The best results recorded are for cases of anxiety state and for those complaining of sexual difficulties." P. 59.

353. MALAMUD, WILLIAM, AND RENDER, NORMAN. *Course and prognosis in schizophrenia.* *Amer. J. Psychiat.*, 1939, Vol. 95, pp. 1039-1057.

Patients definitely diagnosed schizophrenic, admitted and treated in a hospital for a period of 8 years, were reexamined to determine their present status. They were classified as completely recovered, socially recovered, markedly improved, slightly improved, unimproved, and dead. A followup period of at least 5 years was found to be essential to obtain reliable results. The factors likely to influence the prognosis favorably and unfavorably are given. Further work is suggested to see if prognostic patterns can be established.—R. Goldman. Abstract (In) *Psychol. Abstracts*, November 1939, Vol. 13, No. 11, Item 5718.

354. MALZBERG, BENJAMIN. *Further studies of mortality among patients with mental disease.* Albany, N. Y.: New York State Department of Mental Hygiene, 1952. Pp. 16.

Patients with mental disease have considerably higher death rates than the general population. In the present report, based upon a followup of first admission to the New York Civil State hospitals, "it is shown that the death rate of the patients exceeded that of the general population of New York State in ratios varying from 12 to 1 and 14 to 1 at the younger ages to 3 to 1 at very advanced ages." There is variation with type of mental disorder.

355. MALZBERG, BENJAMIN. *Rates of discharges and rates of mortality among first admissions to the New York Civil State hospitals.* *Ment. Hyg.*, 1952, Vol. 36, pp. 618-638.

A report on followup of first admission to New York Civil State hospitals during the fiscal year ending March 31, 1945. Of 5,554 male first admissions, 39.3 percent were discharged within 4 years after admission and 34.5 percent

showed some improvement. Of 6,537 female patients, 43.9 percent were discharged with 40.7 percent showing some improvement over a comparable period. Dementia praecox patients were discharged and maintained improvement about 4 times as effectively as patients with cerebral arteriosclerosis. Shock therapy has greatly enhanced recovery or improvement in the first, while the latter type of mental illness has shown little improvement in rates of improvement or mortality in the past 40 years.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 6037.

356. MALZBERG, BENJAMIN. *Rates of discharge and rates of mortality among first admissions to the New York Civil State hospitals.* *Ment. Hyg.*, 1953, Vol. 37, pp. 619-654.

357. MASSERMAN, JULES H., AND CARMICHAEL, HUGH T. *Diagnosis and prognosis in psychiatry—With a followup study of the results of short-term general hospital therapy of psychiatric cases.* *J. ment. Sci.*, 1938, Vol. 84, pp. 893-946.

Followup, a year or more after discharge, was made of 100 patients at the University of Chicago clinics in order to evaluate the diagnoses and methods of treatment. "The prognostic and heuristic value of the present system of psychiatric nosology of the neuroses and minor forms of the psychoses is challenged by the high incidence of 'mixed' cases in our series," and by the fact that during only a year of followup study a major revision of the "diagnosis" had to be made in more than 40 percent of the patients. A review of the literature and a bibliography are included.—C. J. Herrick. Abstract (In) *Psychol. Abstracts*, April 1939, Vol. 13, No. 4, Item 2004.

358. MEHLMAN, BENJAMIN. *The reliability of psychiatric diagnoses.* *J. abnorm. soc. Psychol.*, 1952, Vol. 47, pp. 577-578.

In a hospital where patients are assigned in an unbiased fashion for diagnosis to the psychiatrists on a service, the frequencies with which the various diagnostic entities were used by the various psychiatrists were examined to test the null hypothesis: If these categories are used reliably, the variations in frequency should fall within the limits dictated by random sampling. This null hypothesis can be rejected with near certainty. This finding suggests, as have others, that the existing system of psychiatric classification can probably have little value for the administrative management of patients or for research, and it should be revised.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2690.

359. MILES, HENRY H. W.; BARRABEE, EDNA L.; AND FINESINGER, JACOB E. *Evaluation psychotherapy.* *Psychosom. Med.*, 1951, Vol. 13, pp. 83-105.

The evaluation of treatment of psychoneuroses is discussed and the literature reviewed and criticised. A followup study of 62 anxious patients is presented in which explicit criteria (a rating scale dealing with occupational, interpersonal, marital, and sexual adjustment and insight) were employed. Seventy-six-item

bibliography.—J. W. Bowles, Jr. Abstract (In) *Psychol. Abstracts*, November 1951, Vol. 25, No. 11, Item 7596.

360. MILES, HENRY H. W.; BARRABEE, EDNA L.; AND FINESINGER, JACOB E. *The problem of evaluation of psychotherapy—with a followup study of 62 cases of anxiety neurosis.* *J. nerv. ment. Dis.*, 1951, pp. 359-365.

*361. MILLER, ALAN D. *The study of a new method for selecting patients for mental health clinic care.* (In) *Project activities at the NIMH Mental Health Study Center, 1953, 1954, 1955.* College Park, Md.: Unpublished Report. Pp. 10.

362. MORRIS, DON P., AND SOROKER, ELEANOR T. *A followup study of a guidance clinic waiting list.* *Ment. Hyg.*, January 1953, Vol. 37, No. 1, pp. 84-88.

A study carried on by Department of Neuropsychiatry, Southwestern Medical School and the Dallas Child Guidance Clinic under grant from Hogg Foundation for Mental Hygiene. Seventy-two people interviewed, 36 or half, problems cleared up, 19 on own accord. Some help from others, only 4 through psychiatric treatment. Thirty-six stated problems still existed of which 16 were somewhat better, but 7 expressed a desire to return to the clinic. They all felt they would have benefited could they have earlier been accepted by the clinic.

*363. MOWRER, O. HOBART. *A quantitative comparison of two types of psychotherapy.* Urbana, Ill.: University of Illinois. Study in progress, 1952. NIMH grant.

Quantitative studies of the similarities and differences between two different types of psychotherapy, purpose is to formulate a more precise theory of therapy.

364. MOWRER, O. HOBART. *Changes in verbal behavior during psychotherapy.* (In) Mowrer, O. H. (Ed.): *Psychotherapy—Theory and research.* New York: Ronald Press Co., 1952, pp. 463-545.

The author reasons that neurosis is characterized by an inadequacy of pathology of communication, especially intraself. Within this framework he critically reviews methods of language analysis: e. g., of Zipf, Johnson, Grummon, Osgood, and Winthrop with especial attention to their possible usefulness in studies of neuroses, personality, and psychotherapeutic effects.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, January-February 1954, Vol. 28, Nos. 1-2, Item 1046.

365. MOWRER, O. HOBART (ED.). *Psychotherapy—Theory and Research.* New York: Ronald Press Co., 1952. Pp. 660.

“In meeting the challenge of mental disorder in contemporary civilization, more and more psychologists of this generation are taking their place alongside members of the older profession who have shown interest in the problem. * * * The contributors to this volume are in the vanguard of research and practice in the field of psychotherapy. In this comprehensive review of outstanding current developments, they explain the theoretical basis of psychotherapy, its directions

and aims, and its implications for individual and public welfare. Among the therapeutic findings discussed and illustrated with diagrams and case records are those on client-centered therapy, the discomfort-relief quotient, therapists' feelings toward their patients, P and Q techniques, correlations between persons, changes in verbal behavior, tension changes, and physiological changes."—From announcement.

366. MOWRER, O. HOBART. "*Q Technique*"—description, history, and critique. (In) Mowrer, O. H.: Psychotherapy—Theory and research. New York: Ronald Press Co., 1952, pp. 316-375.

The history of the Q technique is reviewed with a critical analysis of usages of this term and of its relations to factor analysis and other correlational analysis techniques (M, N, O, P, and R), all with emphasis on its relevance to indicating the results of psychotherapy. A number of theoretical and methodological problems are "explored in a preliminary manner." The author points out that "contemporary researches in the field of personality * * * show that we are moving rapidly toward the development of a true and valid statistics of the individual."—C. M. Louttit. Abstract (In) Psychol. Abstract, January-February 1954, Vol. 28, Nos. 1-2, Item 140.

367. MOWRER, O. HOBART; HUNT, J. McVICKER; AND KOGAN, LEONARD S. Further studies utilizing the discomfort-relief quotient. (In) Mowrer, O. H.: Psychotherapy—Theory and research. New York: Ronald Press Co., 1952, pp. 257-295.

Studies in which the DRQ was used with records of social casework, psychotherapy, interviews with displaced persons, and therapy with psychotics are critically and integratively reviewed. In final evaluation the authors believe the evidence supports the previously reported reliability of the method and gives evidence of significant validity and psychological meaning.—C. M. Louttit. Abstract (In) Psychol. Abstracts, January-February 1954, Vol. 28, Nos. 1-2, Item 1049.

368. MOWRER, O. HOBART; LIGHT, BERNARD H.; LURIA, ZELLA; AND ZELENY, MARJORIE P. Tension changes during psychotherapy, with special reference to resistance. (In) Mowrer, O. H.: Psychotherapy—Theory and research. New York: Ronald Press Co., 1952, pp. 546-640.

In the first two parts of this chapter the authors critically examine Freudian and Rogerian beliefs in the problem of resistance in therapy. Such resistance may be taken to indicate tension, and in the third part of the chapter measures of tension by self-rating and by palmar sweating are discussed. Changes in tension so measured are shown in cases in therapy. While the data do not support any absolute statements, they are suggestive. The technique of measuring palmar sweating by fingerprints is described in detail.—C. M. Louttit. Abstract (In) Psychol. Abstracts, January-February 1954, Vol. 28, Nos. 1-2, Item 1050.

369. MUDD, EMILY H.; PRESTON, MALCOLM G.; FROSCHER, HAZEL B.; AND PELTZ, WILLIAM L. *Survey of a research project in marriage counseling.* Marriage Fam. Living, 1950, Vol. 12, pp. 59-62.

The purposes of the Marriage Council of Philadelphia are to learn about the relationships between marital experience and personal adjustment and to find grounds for evaluating the success of counseling methods with a view to improving them. This summary of the preliminary steps of the survey covers: The "population" of the study, collection of data, development of methods for coding contents of case records, results of pilot studies, counseling as seen from case records, effects on counseling of obtaining research material, and personality estimates as affected by marital adjustment.—L. H. McCabe. Abstract (In) Psychol. Abstracts, May 1951, Vol. 25, No. 5, Item 3147.

370. MUENCH, GEORGE A. *An evaluation of nondirective psychotherapy.* Psychol. Monogr., 1947, No. 13. Pp. 168.

By means of the Rorschach (in all cases), the Kent-Rosanoff Free Association Test (in 11 cases), and the Bell Adjustment Inventory (in all cases) used as pre- and end-tests, the effects of nondirective psychotherapy were ascertained on 12 clinic cases. The subjects (7 males, aged 17 to 38, and 5 females, aged 18 to 27) were treated by different clinicians who estimated the effectiveness of the treatments, without knowledge of the test data. The greatest differences between pre- and end-test data occurred in those cases judged as having profited most by treatment. The greatest agreement in test results was between Rorschach and the Kent-Rosanoff, and the least between the Kent-Rosanoff and the Bell. According to the 22 Rorschach signs used, the greatest changes were: "A decrease in anxiety, a greater degree of personal integration; a greater tendency toward doing the expected thing; and a better integrated emotional life, including greater emotional stability, control, and adaptability." Sixty-five-item bibliography.—T. E. Newland. Abstract (In) Psychol. Abstracts, January 1948, Vol. 22, No. 1, Item 320.

371. NATIONAL COMMITTEE FOR MENTAL HYGIENE. *The subnormal child—17 years later (A followup study of the school population in the Locust Point District of Baltimore.)* Ment. Hyg., April 1933, Vol. 17, pp. 177.

Of the 166 children diagnosed as subnormal in the initial survey, 122 were contacted and visited 17 years later. Three-fourths of the 122 were found to be economically self-supporting, and only a very few had lived up to the earlier forecast of prostitution, illegitimacy, and general social inadequacy.

372. NEUSTATTER, W. L. *The results of 50 cases treated by psychotherapy.* Lancet, 1935, Vol. 228, I, pp. 796-799.

Of 50 psychotics treated by psychological methods 32 improved, 16 made no significant change, and 2 became worse. A detailed analysis of the data is included.—D. J. Ingle. Abstract (In) Psychol. Abstracts, December 1935, Vol. 9, No. 12, Item 5739.

373. NEW YORK CITY COMMITTEE ON MENTAL HYGIENE OF THE STATE CHARITIES AID ASSOCIATION. *The functioning of psychiatric clinics in New York City—A study toward the prevention of waste.* 105 East 22d St., New York: State Charities Aid Association, 1949. Pp. 29.

This study was undertaken in order to find ways of increasing the effectiveness of free and low cost psychiatric advice and treatment available in New York City. It is the thesis of this study that psychiatric clinics could give more help to more patients, even though optimum reality would still fall far short of the optimum wish. If full use were made of available time and facilities, the rate of effective service could be raised substantially, even though funds and available staff remained far less than would be required to meet the current demand.

*374. NITSCHE, CARL J. *Objective investigation of emotionally disturbed children during resident treatment.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 15C, p. 141.

A study of 24 disturbed subjects in resident treatment at Children's Service Center, Wilkes-Barre, Pa.; control group of 24 disturbed subjects (14 in Wilkes-Barre public schools and 10 in St. Stanislaus Institute, Nanticoke, Pa. Duration: 1948-52. Pennsylvania State College and Children's Service Center.

375. OBERNDORF, CLARENCE P. *A questionnaire study on evaluating psychoanalysis.* (In) 1949 Yearbook of Psychoanalysis. New York: International University Press.

A questionnaire was sent to 24 leading American analysts, all of whom had more than 20 years' experience. The nature of the 18 replies was "very disconcerting." "There was nothing upon which they agreed, not in the type of case best suited for analysis, nor the methods of termination, nor the results, nor how many patients were helped through analysis to avoid serious mental illness. This * * * added to the already great confusion concerning technique and type of case to which psychoanalysis should be applied."

376. OBERNDORF, CLARENCE P. *The nature of psychogenic cure.* Amer. J. Psychiat., 1944, Vol. 101, pp. 91-96.

"Of course a great number of diseases diagnosed as either organic or functional are self-limited. Any procedure instituted at the time that a malady is on the wane, be it by medical man, ecclesiastic, or layman, will be credited with the happy result. This circumstance accounts for the innumerable remedies for usually self-limited common colds." * * * P. 93. "On the other hand misfortune in timing may account for the therapeutic failures of countless procedures—medical as well as magical." P. 94.

377. O'DEA, J. DAVID, AND ZERAN, FRANKLIN R. *Evaluating effects of counseling.* Personnel Guid. J., 1953, Vol. 31, pp. 241-244.

From a review of the literature, and a study of 36 counselees, it is concluded that changes of self-concept is one of the most important factors in evaluating the

results of counseling.—G. S. Speer. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7740.

378. ODENWALD, ROBERT P. *Advisability of undertaking psychotherapy against the will of the patient*. *Amer. J. Psychiat.*, 1952, Vol. 108, p. 856.

The case record of a 17-year-old delinquent is presented as a justification for psychotherapy undertaken against the will of the patient.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 469.

379. ODENWALD, ROBERT P. *Psychotherapy against the will of the patient*. *Amer. J. Psychother.*, 1952, Vol. 6, pp. 274-279.

Judging from the case of a 17-year-old male high school senior who was in difficulty with the police authorities, it appears that psychotherapy, even if it is at first conducted against the will of the patient, can turn out to be successful because it may motivate the patient through the medium of catharsis to deal more efficiently with his anxieties.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 2013.

380. O'KELLY, LAWRENCE I. *Physiological changes during psychotherapy*. (In) Mowrer, O. Hobart (Ed.): *Psychotherapy—Theory and research*. New York: Ronald Press Co., 1952, pp. 641-656.

As the objective of psychotherapy is to reduce anxiety, and as anxiety from a physiological point of view is a form of emotional reaction, measures of physiological change: e. g., PGR, blood pressure, respiration, muscle action potentials, etc., may be useful in exploring changes in psychotherapy. The values and limitations of such physiological measures are described, and possible experimental use of them to indicate changes during or following psychotherapy are proposed.—C. M. Louttit. Abstract (In) *Psychol. Abstract*, January-February 1954, Vol. 28, Nos. 1-2, Item 1055.

381. PIOTROWSKI, ZYGMUNT A., AND LEWIS, NOLAN D. C. *An experimental criterion for the prognostication of the status of schizophrenics after a 3-year interval based on Rorschach data*. (In) Hoch, Paul H. and Zubin, Joseph: *Relation of psychological tests to psychiatry*. New York: Grune and Stratton, 1952, pp. 51-72.

Study and followup with reexamination after a period of 3 to 15 years of 100 patients revealed 15 distinguishing signs which are described and discussed. Schizophrenics who function noticeably below their potential level and who are inefficient, inaccurate, and poorly controlled on the Rorschach are more likely to improve either spontaneously or through treatment, than those who show little difference between actual and potential functioning. Twenty references. Joseph Zubin, in discussion, points out that this study is hysterognostic.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 586.

382. POLANSKY, NORMAN; LIPPITT, RONALD; AND REDL, FRITZ. *The use of near-sociometric data in research on group treatment processes*. *Sociometry*, 1950, Vol. 13 (1), pp. 39-62.

A Near-Sociometric and Prestige Test situation found feasible with disturbed children is described. Preliminary results indicate that certain prestige factors are better indices of group influence status than the near-sociometric liking choice as converted into a popularity score. On the other hand, sociometric techniques are seen as being feasible for obtaining a delineation of relatively enduring aspects of group structure from the member's eye view. The hope is expressed that a development of sufficient precision in this kind of measurement will eventually make unnecessary whole areas of observational data.—R. Boguslaw. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1218.

383. PORTER, ELIAS H., JR. *On the nature of psychotherapeutic interpretation.* *J. consult. Psychol.*, 1952, Vol. 16, pp. 343-346.

The psychotherapist interprets the client's productions in two ways: (1) "Interpretation qua construction" (constructing the production as having a certain kind of meaning or significance) and (2) "interpretation qua expression" (expressing to the client the construction that he thinks will best help the client). Five classes of "interpretation qua construction" are discussed, and their relation to "interpretation qua expression" considered. Implications of this way of looking at interpretation are pointed out, with special reference to client-centered therapy.—F. Costin. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5944.

384. PORTER, ELIAS H. JR. *The development and evaluation of a measure of counseling interview procedures.* *Educ. and psychol. Measmt.*, Summer 1942, Vol. 3, pp. 105-126; Autumn, 1942, pp. 215-238.

385. POWDERMAKER, FLORENCE B., AND FRANK, JEROME D. *Group psychotherapy—Studies in methodology of research and therapy.* Cambridge, Mass.: Harvard University Press, 1953. Pp. 615.

Report of a group psychotherapy research project of the U. S. Veterans Administration. The report is based on a group effort lasting over a period of 2 years. Some 120 neurotic patients of a mental hygiene clinic and some 170 chronic schizophrenics in a psychiatric hospital were treated by 19 different psychiatrists working with a total of 27 groups. A research team of 11 persons, including psychiatrists, psychologists, and social workers, observed and recorded the meetings and then worked together to make communicable sense of the results of their experiences. An average of five patients attended the clinic groups.—Nicholas Hobbs. Reviewed (In) *Psychol. Bull.* March 1954, Vol. 51, No. 2, pp. 196, 197.

386. PRESTON, MALCOLM G.; MUDD, EMILY H.; FROSCHER, HAZEL B. *Factors affecting movement in casework.* *Soc. Casewk*, March 1953.

The investigation was done at Marriage Counseling of Philadelphia on the question of what factors are associated with movement. The results of the original work done by J. McV. Hunt and his colleagues to the effect that movement can be judged reliably from case records are confirmed. The evidence

points strongly in the direction of the fact that the determinants of movement are multiple and complex.

387. PRESTON, MALCOLM G.; MUDD, EMILY H.; FROSCHER, HAZEL B.; AND PELTZ, WILLIAM L. *Some results from research at Marriage Council of Philadelphia.* Marriage Fam. Living, 1950, Vol. 12, pp. 104-105.

A preliminary report of the research project in marriage counseling at the Marriage Council of Philadelphia, the results have to do with the amount of change or movement which has taken place in the cases, as indicated by 13 listed criteria. Such movement is judged on the basis of a scale providing 4 positive values, 0, and 2 negative values. In an analysis of 72 completed analyses, 5 cases were judged to have moved in the negative direction, 23 to have exhibited no movement, and 42 to have moved in the positive direction. Discussion of the possibilities of the technique concludes this brief report.—L. H. McCabe. Abstract (In) Psychol. Abstracts, November 1951, Vol. 25, No. 11, Item 7461.

388. RACKOW, LEON L.; NAPOLI, PETER J.; KLEBANOFF, SEYMOUR G.; AND SCHILLINGER, ARNOLD A. *A group method for the rapid screening of chronic psychiatric patients.* Amer. J. Psychiat., February 1953, Vol. 109, No. 8, pp. 561-566.

From the Franklin Delano Roosevelt Veterans Administration Hospital, Montrose, N. Y., and the Department of Psychiatry, Cornell University Medical College. A group method for the rapid screening of chronic psychiatric patients is presented. The authors state that the scale is statistically reliable and valid. They suggest that "neuropsychiatric hospitals could well employ this technique in a periodic evaluation of their patients toward a more effective treatment and management program in view of the changes that occur spontaneously or, as a result of treatment in these patients; and as a demonstration of a constant state of flux, rather than stagnation, that can exist in a chronic psychiatric hospital population."

389. RAIMY, VICTOR C. *Self-reference in counseling interviews.* J. consult. Psychol., 1948, Vol. 12, pp. 153-163.

A quantitative analysis of changes in self-approval was made by examining the complete series of counseling interviews on 14 college-student clients. Consistent differences were discovered between cases judged to have been counseled successfully and those resulting unsuccessfully. In the successful cases there was a marked shift from a preponderance of self-disapproval and ambivalence at the beginning of counseling to a strong emphasis on self-approval at the conclusion of the contact. This shift in self-evaluation was not found in unsuccessfully counseled clients. "The results are interpreted as being in accord with the hypothesis that successful counseling involves essentially a change in the client's Self-Concept."—S. G. Dulsky. Abstract (In) Psychol. Abstracts, November 1948, Vol. 23, No. 11, Item 4983.

390. RASKIN, NATHANIEL J. *An analysis of six parallel studies of the therapeutic process.* J. consult. Psychol., 1949, Vol. 13, pp. 206-220.

Ten recorded counseling cases were analyzed using quantitative representations of such varied concepts as acceptance of and respect for self, defensiveness, maturity of behavior and insight. Significant and positive relationships have been found to exist between the positive indicators of successful therapy. The concepts and measures employed in this study have yielded results which are sufficiently consistent and meaningful to suggest preliminary generalizations in quantitative and qualitative terms about successful psychotherapy, and to provide a sounder basis for the thinking about personality organization which has evolved out of experience in client-centered therapy.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 205.

391. RASKIN, NATHANIEL J. *An objective approach to the study of psychotherapy*. Amer. Scientist, 1949, Vol. 37, pp. 410-413; 420.

An objective method for evaluating the various aspects of psychotherapy consists of four steps: "(1) The recording of cases; (2) the definition of a concept or concepts which provide an understanding of these cases; (3) the development of a measure of the concept or concepts; and (4) the application of the measure to recorded case material." Using this method, therapists may learn the nature of successful psychotherapy, what part they play in the process, and thus refine and improve psychotherapy for the benefit of the person in distress. Eighteen Refs.—G. L. Grace. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 2016.

392. RENNIE, THOMAS A. C. *Prognosis, followup study of 500 patients with schizophrenia admitted to hospital from 1913 to 1933*. Arch. Neurol. Psychiat., November 1939, Vol. 42, pp. 877-891.

"A survey of 500 schizophrenic patients has been made, 222 of whom have been followed for an average of 20 years. In all but 44 of the patients, the survey has obtained facts concerning the progress of the patient. * * * At the time of discharge from the Phipps Clinic, 42.7 percent of the patients were well or improved; slightly more than half, (57.3 percent) left the hospital unimproved. The course of the illness seems more favorable for women than for men. At the end of 20 years the picture is less favorable than at the end of 9 years or at time of discharge. After 20 years, 27 percent of the patients show recovery; an additional 13 percent were never readmitted to any hospital." P. 891.

393. ROGERS, CARL R. *Studies in client-centered therapy—A research analysis*. Chicago: Psychol. Serv. Center J., 1951, Vol. 3, Nos. 1-2.

394. SASLOW, GEORGE. *Psychotherapy*. Ann. Rev. Psychol., 1954, Vol. 5, pp. 311-336.

The author accepts Lehner's definition of psychotherapy as "an unidentified technique which is applied to unspecified problems with nonpredictable outcome," and concerns himself with the therapeutic process in medical settings, and with conceptual, clinical, and research activities in the field of therapy which seem highly relevant to such settings. The available materials for the period from May 1952 to May 1953 are dealt with under the headings: Individual

psychotherapy as a process; individual psychotherapy in relation to outcome of therapy; multiple psychotherapy; group therapy; and general comments.

395. SASLOW, GEORGE; COUNTS, ROBERT M.; AND DUBoIS, PHILIP H. *Evaluation of a new psychiatric screening test.* *Psychosom. Med.*, 1951, Vol. 13, pp. 242-253.

"A new psychiatric screening test is described, for use in a civilian medical setting. It has been administered to over 800 subjects, of whom more than 500 have been studied psychiatrically subsequently, to determine presence or absence of behavior disorder." It appears to be about 85 percent effective in segregating those with disorder from those without and is of use to nonpsychiatric exploration in certain cases.—J. W. Bowles, Jr. Abstract (In) *Psychol. Abstracts*, May 1952, Vol. 26, No. 5, Item 2753.

396. SASLOW, GEORGE, AND SHOBE, FRANK O. *Evaluation of a psychiatric screening test—Cornell Word Form—I.* *Amer. J. Psychiat.*, July 1949, Vol. 106, pp. 37-45.

A group of hospitalized and nonhospitalized psychiatric patients were given the Cornell Word Form—I in an attempt to determine the civilian effectiveness of a military screening test. At the scoring level of 5, or more, significant responses, 53 percent of 337 known psychiatric cases were detected, while 32 percent of 100 patients identified as psychiatrically ill on the test were found not to be so on a subsequent psychiatric examination. Data are presented comparing the test with other measures in reference to student populations. Only 13 percent false negatives and 6 percent false positives were recorded in psychiatric screening by senior medical students and their instructors. Seven references.—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, March 1950, Vol. 24, No. 3, Item 1207.

397. SCHILDER, P. *Results and problems of group psychotherapy in severe neuroses.* *Ment. Hyg.*, 1939, Vol. 23, pp. 87-99.

An experiment conducted in the outpatient department of the Psychiatric Division of Bellevue Hospital in group psychotherapy. Thus far 50 cases of severe neuroses and mild psychoses have been treated. Only severe cases have been taken into the group. Psychoanalytic insight was utilized in this group treatment. In a group the patients realize that the thoughts which seemed to isolate them are common to all of them. The therapeutic results so far are promising, especially in the social and obsessional neuroses.—P. Brand. Abstract (In) *Psychol. Abstracts*, July 1939, Vol. 13, No. 7, Item 3733.

398. SEEMAN, JULIUS. *A study of the process of nondirective therapy.* *J. consult. Psychol.*, June 1949, Vol. 13, No. 3, pp. 157-168.

The purpose of the present study was to reexamine the process of nondirective therapy with an instrument used in an earlier study, so that comparisons could be made and more recent trends could be observed. The study utilized 10 completely recorded cases, comprising a total of 60 interviews. There are 10 conclusions classified under counseling method, client content categories, and client

attitude categories.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 208.

399. SEEMAN, JULIUS, AND RASKIN, NATHANIEL J. *Research perspectives in client-centered therapy*. (In) Mowrer, O. Hobart (Ed.): *Psychotherapy—Theory and research*. New York: Ronald Press Co., 1952, pp. 205-234.

The authors present an interpretative review of research on client-centered therapy from both the "process of therapy" and the "outcomes of therapy" points of view. Suggested directions for future research are discussed. Important in these research efforts is the formulation of theoretical constructs and hypotheses both of the therapeutic process and of personality organization.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, January-February 1954, Vol. 28, Nos. 1-2, Item 1078.

400. SHEERER, ELIZABETH T. *An analysis of the relationship between acceptance of and respect for others in ten counseling cases*. *J. consul. Psychol.*, June 1949, Vol. 13, No. 3, pp. 169-175.

An analysis was made of the client's statements during counseling concerning his acceptance and respect for himself and for others. It is concluded that the individual's evaluation of himself and his worth as a person can be significantly altered by the therapeutic process and that the individual's evaluation of others is significantly related to his attitude toward himself.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 209.

401. SLATER, E. *The neurotic constitution—A statistical study of two thousand neurotic soldiers*. *J. Neurol. Psychiat.*, 1943, Vol. 6, pp. 1-16.

A statistical analysis is made of the causes listed for the appearance of neurotic symptoms during military life. The most frequent causes listed were separation from home and family, home worries, relative hardship of living conditions, army discipline, and the strain of an increased physical routine. Of those who were evacuated from Dunkirk, the most frequent causes listed were inadequate training, exposure to terrifying weapons, the discouragement of defeat, prolonged marching, inadequate food, and inadequate sleep and rest. A more detailed statistical analysis of these causative factors is made relative to age, religion, civilian occupation, military rank, intelligence, physical constitution, and sexual adjustments.—G. W. Knox. Abstract (In) *Psychol. Abstracts*, November 1944, Vol. 18, No. 11, Item 3519.

402. SNYDER, WILLIAM U. *Group report of a program of research in psychotherapy*. Psychotherapy Research Group, the Pennsylvania State College. State College, Pa.: Department of Psychology, Penn. State College, 1953. Pp. 179.

A report of nine integrated investigations of psychotherapy based on a common core of 43 recorded therapy cases and several control groups. In all, 218 recorded client-centered interviews, which were the work of 15 therapists, were analyzed. The clients received pre- and post-therapy tests and scales, the latter being de-

veloped specifically for this group of studies. The nine studies are concerned with widely varying topics. Several relate to prediction of outcome of therapy; several relate psychotherapy to findings in the field of learning theory; one reports a new criterion of success; several analyze therapeutic phenomena such as resistance, anxiety, and defensiveness, and one studies the personality of the therapist.—Announcement of publication.

403. STANTON, ALFRED H., AND SCHWARTZ, MORRIS S. *Observations on dissociation as social participation.* Psychiatry, 1949, Vol. 12, pp. 339-354.

In a series of patients observed during a 19-month period, periods of excitement were related to disagreement about their diagnosis or treatment on the part of the patients' physicians. The resulting dissociation was the patient's participation in a social field which was itself split. This dissociation and accompanying excitement disappears when the patient no longer serves as a vehicle for disagreement between the authorities.—N. H. Pronko. Abstract (In) Psychol. Abstracts, July 1950, Vol. 24, No. 7, Item 3775.

404. STANTON, ALFRED H., AND SCHWARTZ, MORRIS S. *The management of a type of institutional participation in mental illness.* Psychiatry, 1949, Vol. 12, pp. 13-26.

By keeping detailed daily records of contacts with staff, relatives and patients, the authors, a sociologist and psychiatrist, observed the hospital ward as a social organization which may be compared to "a group of interlacing whirlpools where, if one whirlpool is altered * * * the whole pattern, and each part of it, will be altered to a greater or lesser extent."—N. H. Pronko. Abstract (In) Psychol. Abstracts, July 1950, Vol. 24, No. 7, Item 3774.

405. STINE, LEONARD A., AND IVY, A. C. *The effect of psychoanalysis on the course of peptic ulcer—A preliminary report.* Gastroenterology, June 1952, Vol. 21, No. 2, pp. 185-211.

A preliminary report dealing with the effect of psychoanalysis on the course of peptic ulcer. Although the authors circularized the entire membership of the American Psychoanalytical Association for help in the study, their material to 1951 was described as completely inadequate to shed light on the question, "How does psychoanalysis alter the course of peptic ulcer?" Seventeen cases were collected, of which seven proved suitable for followup study. Two were unimproved, and five were improved.

406. TAIT, C. DOWNING, JR., AND BURNS, G. CRESWELL. *Involutorial illnesses—A survey of 379 patients including a followup study of 114.* Amer. J. Psychiat., July 1951, Vol. 108, No. 1, pp. 27-36.

This paper presents a survey of some characteristics of 379 patients who were admitted to a private psychiatric institution during their middle and later years of life. Their illnesses were considered involutorial on the basis of an absence of history of similar episodes before their middle years and no notable evidence of organic mental defects. Attention is focused on present-day sanitarium man-

agement of these patients. A followup study includes data on readmissions.—F. W. Snyder. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1379.

407. THORLEY, A. S., AND CRASKE, N. *Comparison and estimate of group and individual method of treatment*. *Brit. Med. J.*, 1950, Vol. 1, pp. 97-100.

One group of psychiatric patients (69 cases) and a second group (38 cases) with almost similar psychiatric syndromes were treated separately (the first group by group therapy under the first named author and the second group by individual therapy under the second author). The results of two methods of treatment as judged by means of a questionnaire were found to be similar for both groups.—F. C. Sumner. Abstract (In) *Psychol. Abstracts*, September 1951, Vol. 25, No. 9, Item 6243.

408. THORNE, FREDERICK C. *Rules of evidence in the evaluation of the effects of psychotherapy*. *J. clin. Psychol.*, 1952, No. 8, pp. 38-41.

"This paper attempts to establish rules of evidence for the evaluation of psychotherapy. Some general observations have been presented from the history of clinical science in general illustrative of typical difficulties in the evaluation of research evidence. Eleven basic principles underlying rules of evidence are outlined."—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 2028.

409. TOMLINSON, PAUL J., and BOHN, RALPH W. *Mental hygiene—A state responsibility*. *Psychiat. Quart. Suppl.*, 1950, Vol. 24, pp. 112-118.

This paper concerns a survey of the Mental Hygiene Clinics conducted by the Gowanda State Homeopathic Hospital on a group of 95 patients examined and treated during the fiscal year 1946-47. There was a followup on 59 patients. Forty-six of the fifty-nine were found to have benefited directly or indirectly by the clinic contacts. Those patients attaining the high school level are most subject to emotional strain of contemporary living and it appears that the clinic services were most used by them. The author concludes that mental hygiene clinics continue to be a service of the State hospital and they recommend that increased emphasis be made in their development.—A. Weider. Abstract (In) *Psychol. Abstracts*, February, 1952, Vol. 26, No. 2, Item 892.

410. TUDOR, GWEN E. *A sociopsychiatric nursing approach to intervention in a problem of mutual withdrawal on a mental hospital ward*. *Psychiatry*, May 1952, Vol. 15, No. 2, pp. 193-217.

This study was done under the supervision of, and in collaboration with, Dr. Morris S. Schwartz, Research Sociologist at Chestnut Lodge Sanitarium and the Washington School of Psychiatry. It was supported by funds granted to Teachers College, Columbia University, by the United States Public Health Service. A nurse and sociologist investigate the problems of mutual withdrawal in 2 hospitalized schizophrenic women patients. The effectiveness of the sociopsychiatric nursing approach, the attempt to alter the interpersonal relations and social structure of the ward, seemed to contribute toward marked improve-

ment in both cases.—C. T. Bever. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2900.

411. ULLMANN, CHARLES A. *Identification of maladjusted school children—A comparison of three methods of screening*. Publ. Hlth. Monogr., No. 7, 1952. Pp. 41. Washington, D. C.: U. S. Government Printing Office.

Methods of identifying maladjusted school children were studied in the ninth grades of white high schools in Prince Georges County, Md. An original forced choice test for use by teachers was developed and used together with an adjustment level rating scale, a sociometric test for student use, and the California Test of Personality and the SRA Youth Inventory. Eight percent of the children were considered "severely maladjusted" by teachers. Interrelations among teacher rating and pupils' sex, sex differences among the variables, and between teacher ratings and clinician ratings are reported. Thirty-three references.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 7399.

*412. WARREN, NEIL D. *Study of the validity of psychological tests in the diagnosis of mental illness*. Los Angeles, Calif.: University of Southern California. Study in progress, 1952. NIMH grant.

An attempt to analyze and refine further the prediction and diagnostic values of psychological tests.

413. WATSON, ROBERT I. *Measuring the effectiveness of psychotherapy—Problems for investigation*. *J. clin. Psychol.*, 1952, Vol. 8, pp. 60-64.

There are many difficult problems to be faced if research regarding the effectiveness of therapy is to be done in a meaningful way. The author discusses the variables present in therapy-variables in the personality of the patient, in his life situation, in therapeutic techniques, in the therapist—and some of the techniques which have been used in attempting to measure these variables. The most difficult problem, however, is the development of objective, scientific methods which do not destroy or ignore the essentially dynamic and fluid nature of therapy.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 2032.

414. WATSON, ROBERT I. *Research design and methodology in evaluating the results of psychotherapy*. *J. clin. Psychol.*, January 1952, Vol. 8, No. 1, pp. 29-33.

While fully recognizing the difficulties inherent in attempting to evaluate the effectiveness of psychotherapy the author critically summarizes current procedures in this area and then suggests an adequate experimental design for such studies.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 2031.

415. WATSON, ROBERT I., AND MENSCH, IVAN N. *The evaluation of the effects of psychotherapy—I. Sources of material*. *J. Psychol.*, 1951, Vol. 32, pp. 259-273.

The authors contend that there is little research planning and little evaluation of psychotherapy—rather a multitude of diagnostic case histories. Guaranteeing objectivity of data, without losing the dynamic character, is a crucial problem. Formulation of hypothesis and design of experiment is discussed. A new form to be used for reporting is given detailed consideration, involving the following areas and sequence: (1) Symptoms, (2) traits, (3) background factors, (4) course of therapy, (5) insight, (6) present functioning, (7) prediction of subsequent adjustment, (8) diagnostic label, and (9) feeling of therapist toward patient. Another form, for describing the course of treatment, is also mentioned. Finally, a "test behavior observation guide" is outlined.—R. W. Husband. Abstract (In) *Psychol. Abstracts*, June 1952, Vol. 26, No. 6, Item 3451.

416. WATSON, ROBERT I., AND MENSCH, IVAN N. *The evaluation of the effects of psychotherapy—II. A case study.* *J. Psychol.*, 1951, Vol. 32, pp. 275-291.

This detailed presentation of a single case is the second article of this series, and is given primarily to show the manner of objectively reporting behavior and diagnosis by means of the forms and procedures devised by the authors.—R. W. Husband. Abstract (In) *Psychol. Abstracts*, June 1952, Vol. 26, No. 6, Item 3452.

*417. WEEKS, H. ASHLEY. *Evaluation of the short-term treatment of youthful offenders.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 70C, pp. 163, 164.

Project attempts to evaluate the Short-Term Treatment of Youthful Offenders Program, commonly called the Highfields Project, inaugurated in New Jersey in July 1950. Project attempts to set up several criteria (recidivist rates, etc.) by which to judge success or failure of Highfields. Subjects—all first offenders, ages 16 and 17, committed to Reformatory at Annandale, N. J.; all boys committed to Highfields over a 5-year period. Duration: 1951-56. Preliminary findings suggest that Highfields is as successful in treating boys in its 4-month period as Annandale Reformatory over a much longer period of time. New York University, New Jersey State Department of Institutions and Agencies, Asto Foundation, and Rockefeller Foundation.

418. WHEELER, EDWIN O.; WHITE, PAUL D.; REED, ELEANOR W.; AND COHEN, MANDEL E. *Neurocirculatory asthenia (anxiety neurosis, effort syndrome, neurasthenia)—A twenty-year followup study of one hundred and seventy-three patients.* *J. Amer. med. Assn.*, March 25, 1950, Vol. 142, No. 12, pp. 878-889.

Study carried on through the Cardiac Research Laboratory, Massachusetts General Hospital; and the Departments of Medicine and Diseases of the Nervous System, Harvard Medical School. "After a 20-year followup study of 173 patients with neurocirculatory asthenia (anxiety neurosis, effort, syndrome, neurasthenia), it was concluded that this was usually a chronic disorder which does

not interfere significantly with the patient's work or social or family life, nor does it cause death. This conclusion is based on the fact that in this study 12 percent of the patients recovered, 35 percent had symptoms but no disability, 38 percent had symptoms with mild disability, and 15 percent had symptoms and moderate or severe disability. There is no evidence to suggest that patients with this disorder develop, in high prevalence, hypertension, heart disease, peptic ulcer, diabetis mellitus, asthma, thyrotoxicosis, ulcerative colitis, hysteria, or schizophrenia. * * * The published results of therapy in apparently similar cases managed by prolonged psychotherapy, psychoanalysis, and other methods, such as electric convulsive procedure, ergotamine tartrate and adrenal denervation, present no consistent or conclusive evidence that patients treated by these means get along better than patients who have had little more therapy than simple reassurance and the passage of time." P. 889.

419. WILDER, J. *Facts and figures on psychotherapy.* J. clin. Psychopath. Psychother., 1945, Vol. 7, pp. 311-347.

A study of figures published from various sources shows that the differences in the results of psychotherapy between hospitals, clinics, psychoanalytic institutes, and private psychoanalysts and psychotherapists are not too impressive especially when the cases are followed up after their discharge. Clinics seem to have the poorest results. The figures in general psychotherapy, including psychoanalysis, appear to be the best, but the number of cases is too small for definite conclusions in this article. The difficulties of evaluation are discussed in detail. The magnitude of the problem of psychoneuroses in the United States is illustrated, and at the same time the inadequacy of facilities for treatment and training is emphasized. For these, and for economic reasons, psychoanalysis must to a very great extent be supplemented by other methods of psychotherapy in clinics, hospitals, and private practice. Recommendations in this direction are made, especially as far as teaching and training are concerned.—C. E. Henry. Abstract (In) Psychol. Abstracts, May 1946, Vol. 20, No. 5, Item 1553.

420. WITMER, HELEN L. *A comparison of treatment results in various types of child guidance clinics.* Amer. J. Orthopsychiat., 1935, Vol. 5, pp. 351-360.

Some of the tentative findings of an investigation of later social adjustment of child guidance clinic patients indicate that "speaking very broadly and neglecting the influence of persons and circumstances beyond clinical control, one may look to three sets of factors for an explanation of why child guidance is successful in some cases and not in others: (1) "The parents' attitudes and feelings about the patients and their treatment"; (2) "factors in the child himself such as intelligence, personality, type of behavior disorder"; (3) "treatment methods." Five steps are described to define degree of "success" so that comparisons can be made.—J. McV. Hunt. Abstract (In) Psychol. Abstracts, May 1936, Vol. 10, No. 5, Item 2558.

421. WITMER, HELEN, AND STUDENTS. *The later social adjustment of problem children—A report of thirteen followup investigations.* Smith Coll. Stud. soc. Wk, September 1935, Vol. 5, pp. 1-98.

The effectiveness of clinical treatment in the later social adjustment of various types of problem children is reported in this series of papers. The evidence gathered in followup investigations of cases from 13 clinics located in different areas of this country points out three main facts: (1) that behavior disorders do not affect later social adjustments except in cases where the children are psychotic; (2) that the results for various clinics are quite similar, even though their methods of treatment differ; (3) that the emotional setup of the home is far more closely related to child adjustment than are such tangible factors as age, sex, nationality, and economic status.—R. H. Brown. Abstract (In) Psychol. Abstracts, January 1936, Vol. 10, No. 1, Item 688.

422. WITMER, HELEN, AND STUDENTS. *The outcome of treatment in a child guidance clinic—A comparison and an evaluation.* Smith Coll. Stud. soc. Wk, June 1933, Vol. 3, pp. 333-399.

423. WITTENBORN, J. RICHARD. *A new procedure for evaluating mental hospital patients.* J. consult. Psychol., 1950, Vol. 14, pp. 500-501.

A rating scale procedure is described which enables competent observers to describe a patient's symptoms in a uniform manner. By means of factor analysis of previously administered rating scales, a pattern of 9 symptoms were selected. When these are rated on a 10-point scale a syndrome profile may be obtained for each patient.—N. Glaser. Abstract (In) Psychol. Abstracts, February 1952, Vol. 26, No. 2, Item 938.

424. WITTENBORN, J. RICHARD. *Symptom patterns in a group of mental hospital patients.* J. consult. Psychol., 1951, Vol. 15, pp. 290-302.

The present report describes the development of a set of symptom rating scales for mental hospital patients. These scales were rated for a heterogeneous sample of veteran patients. The scales were then intercorrelated and the intercorrelations were factor-analyzed. As a result of this analysis seven clusters or groupings of symptoms were revealed. The clusters are relatively clear-cut and clinically plausible. This is taken as evidence that it may be possible to score the ratings for a given patient with respect to each of the clusters, and on the basis of such a scoring prepare a profile which would indicate the degree to which the patient's symptom manifestations resemble each of the various symptom clusters existing among mental hospital patients.—F. Costin. Abstract (In) Psychol. Abstracts, October 1952, Vol. 26, No. 10, Item 6243.

425. WITTENBORN, J. RICHARD; HERZ, MARVIN I.; KURTZ, KENNETH H.; MANDELL, WALLACE; and LATZ, SHERMAN. *The effect of rater differences on symptom rating clusters.* J. consult. Psychol., April 1952, Vol. 16, No. 2, pp. 107-109.

An analysis was made to determine the degree to which the pattern among psychiatric symptoms is determined by known differences in raters of these

symptoms. Ratings were made by two psychiatrists whose background and interests were different. "Clusters revealed by the two analyses were mutually consistent and similar to the clusters which have been found originally in large samples of patients rated by a variety of psychiatrists. These data do not challenge a claim that the qualitative behavioral significance of the cluster scores used in the quantified multiple diagnosis is relatively independent of ordinary differences between psychiatrists."—F. Costin. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2696.

426. WITTENBORN, J. RICHARD, AND HOLZBERG, JULES D. *The generality of psychiatric syndromes.* *J. consult. Psychol.*, October 1951, Vol. 15, No. 5, pp. 372-380.

The purpose of this investigation was to "examine the possibility that the clustering of symptoms among mental hospital patients is relatively stable and not greatly altered by differences in raters and differences in hospitals." To test this hypothesis a factor analysis was made of the intercorrelations among 50 symptom rating scales. Sample was 250 patients. Data revealed evidence "that symptom-clustering is a sufficiently stable phenomenon to justify its use as a basis for descriptive procedures."—F. Costin. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 7078.

427. WITTENBORN, J. RICHARD, and WEISS, WALTER. *Patients diagnosed depressive psychosis-maniac state.* *J. consult. Psychol.*, 1952, Vol. 16, No. 3, pp. 104-106.

On the basis of a factor analysis of symptoms of 20 patients diagnosed as manic depressive psychosis-maniac State, the authors conclude that: (1) These patients tend to differ from each other in "specifiable symptomatic respects;" (2) sex differences are associated with differences in symptoms; (3) the "quantified multiple psychiatric diagnosis," an approach developed by the author, reveals important differences and similarities in patients which are obscured by the psychiatrist's conventional diagnosis.—F. Costin. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5318.

428. WITTON, CECIL L., AND HUNT, WILLIAM A. *The predictive value of the brief psychiatric interview.* *Amer. J. Psychiat.*, 1951, Vol. 107, pp. 582-585.

The study reports 944 cases of naval personnel interviewed because of suspected neuropsychiatric symptomatology. On the basis of a brief psychiatric interview, the subjects were assigned to one of three categories and routed accordingly. Their subsequent medical histories were followed for the course of 1 year. The neuropsychiatric discharge rates for the three groups during that year were in accord with the original prediction. These data demonstrate the validity of the brief interview as a classificatory procedure.—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 287.

429. YASKIN, JOSEPH C. *The psychoneuroses and neuroses.—A review of 100 cases with special reference to treatment and results.* Amer. J. Psychiat., 1936, Vol. 93, pp. 107-125.

The measures used fall into three categories: Purely psychological, partly psychological and partly physiological, and purely physiological. Encouragement, suggestion, rationalization and persuasion, attempts at compromise formation, education, and re-education, partial analysis and psychoanalysis comprise the first group. It was found that "attempts at compromise formation and partial analysis were probably the most effective methods of influencing underlying etiological factors, especially in anxiety hysteria and in compulsive-obsessive reactions."—R. Goldman. Abstract (In) Psychol. Abstracts, January 1937, Vol. 11, No. 1, Item 332.

430. ZUBIN, JOSEPH. *Design for the evaluation of therapy.* (In) Association for Research in Nervous and Mental Diseases: Psychiatric treatment—Proceedings of the Association, December 14, 15, 1951, New York. Baltimore: Williams and Wilkins, 1953, pp. 10-15.

"The basic elements in the design for the evaluation of therapy are: (1) A homogeneously selected group of patients; (2) a comparable control group; (3) a sufficiently long followup period; and (4) specific objective criteria for evaluating the outcome. A review of the literature indicates that only a small number of studies satisfy these criteria. The results of these studies indicate that specific therapies as contrasted with nonspecific therapies yield better immediate outcome, but in the long run, no better eventual outcome. Such a result can be explained either by assuming that the present-day therapies do not alter the basic course of the disease but only hasten the improvement of patients who would have eventually improved anyhow, or that insufficient knowledge is now available for selecting the most suitable therapy for each patient." P. 15.

431. ZUBIN, JOSEPH. *Evaluation of therapeutic outcome in mental disorders.* J. nerv. ment. Dis., February 1953, Vol. 117, No. 2, pp. 95-111.

"The present-day methods for evaluating outcome of therapy in mental disorders leave much to be desired. The first difficulty comes from the fact that the data usually reported are not satisfactory for evaluation. The second essential difficulty arises from the fact that a given therapy may not be suitable for one patient but be suitable for another. Prognostic tests are needed for forecasting the type of therapy most suitable for a given patient." Pp. 108, 109.

(See also Nos. 21, 24, 25, 31, 37, 54, 56, *59, 60, 61, 62, *65, 73, *86, *93, 94, *137, *162, *179, *184, 185, 195, *214, 223, 245, 250, 251, 414.)

APPENDIX

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APPENDIX

Supplementary Reference List

I. Theoretical and Methodological Considerations

432. ADKINS, DOROTHY C. *Principles underlying observational techniques of evaluation.* Educ. psychol. Measmt, 1951, Vol. II, pp. 29-51.

An identification and interpretation of "the principles of measurement basic to observational techniques, broadly conceived as encompassing appraisals of performance, whether predictors or criteria and whether objectively or subjectively rated."—J. E. Horrocks. Abstract (In) Psychol. Abstracts, May 1952, Vol. 26, No. 5, Item 2503.

433. ANASTASI, ANNE, AND FOLEY, JOHN P., JR. *Differential psychology—Individual and group differences in behavior.* New York: Macmillan Co., 1949. Pp. 894.

Dr. Anastasi is professor of psychology at Fordham University and Dr. Foley, Associate Director, Industrial Division, The Psychological Corporation. "First and foremost, it is a textbook designed to develop in the student the intellectual skills needed for understanding and evaluating the data of differential psychology. Throughout the book, special emphasis has been placed upon the examination of common pitfalls and sources of error in the interpretation of obtained results. We have thus hoped to provide the student with certain tools whereby he may evaluate for himself a set of data with which he is confronted." P. ix.

434. BACHELOR, JAMES H. *Operations research—A preliminary annotated bibliography.* Cleveland, Ohio: Case Institute of Technology, 1952. Pp. 95.

* * * 309 titles of articles dealing with various aspects of operations research particularly in nonmilitary aspects. Each entry has a brief abstract. Entries are arranged by author, and there are indexes of periodicals and institutions.—C. M. Louttit. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3135.

435. BENEDICT, RUTH. *Some comparative data on culture and personality with reference to the promotion of mental health.* (In) Moulton, F. R., and Komora, P. O. (Eds.): *Mental health.* Lancaster: Science Press, 1939.

436. BENJAMIN, JOHN D. *Directions and problems in psychiatric research.* Psychosom. Med., Jan.-Feb. 1952, Vol. 14, No. 1, pp. 1-9.

A theoretical discussion of the problems in psychiatric research. "Nowhere is the need for finer descriptive differentiation more apparent than in one of the major unsolved problems of psychiatry proper, namely the problem of schizophrenia. For in spite of the very important contributions by psychoanalysis and its derivatives toward understanding the psychological meanings and mechanisms of schizophrenic symptoms, despite endless neuroanatomical investigations, and despite significant past and present attempts at neurophysiological correlations, the etiology of schizophrenia remains unknown." P. 7.

437. BERNARD, JESSIE. *Social-psychological aspects of community study—Some areas comparatively neglected by American sociologists.* Brit. J. Sociol., 1951, Vol. 2, pp. 12-30.

A review of the studies by sociologists of communities, especially since 1932, indicates that the small amount of attention which has been given to social-psychological aspects has, for the most part, been confined to "static phases like attitudes, institutions, culture, rather than to the more dynamic ones like interaction." The author asserts that it is in the work of "action people" and social scientists other than sociologists that concern for the dynamic interaction aspects of community life are found. 2. Lines of development are suggested as being especially important: The invention and application of indices of social psychological phenomena, and the evaluation of results of community programs.—W. W. Charters, Jr. Abstract (In) Psychol. Abstracts, January 1952, Vol. 26, No. 1, Item 241.

438. BURGESS, ERNEST W. *Discussion on the present status and future orientation of research on the family.* Amer. sociol. Rev., April 1948, Vol. 13, No. 2, pp. 129-132.

439. CARTWRIGHT, DORWIN, AND ZANDER, ALVIN (Eds.). *Group dynamics research and theory.* Evanston, Ill.: Row, Peterson, 1953. Pp. 642.

To provide a collection of the more significant articles which describe the methods and findings of research on group dynamics and systematically summarize their results, the authors have chosen six theoretically defined problems and grouped literature in these areas. The sections into which the book is divided are: Approaches to the study of groups, group cohesiveness, group pressures and group standards, group goals and group locomotion, the structural properties of groups, and leadership. The editors have written an introductory chapter for each section giving the theoretical framework for relating the various papers in the section.—A. J. Sprow. Abstract (In) Psychol. Abstracts, March-April 1954, Vol. 28, Nos. 3-4, Item 2395.

440. CLAUSEN, JOHN A. *Social science research in the National Mental Health Program.* Amer., sociol. Rev., 1950, Vol. 15, pp. 402-409.

A brief review of the intent of the National Mental Health Act is followed by a description of the part social scientists are now taking in the National Institute of Mental Health. Program research and basic scientific research either projected or in process under the auspices of the Institute are described. The author

emphasizes the social science research and indicates the need for research outside the program of the Institute.—W. W. Charters, Jr. Abstract (In) *Psychol. Abstracts*, October 1951, Vol. 25, No. 10, Item 6853.

441. COMMITTEE ON EVALUATION OF COMPLETED PROJECTS OF THE MENTAL HEALTH STUDY SECTION. *Minutes of the meeting of May 27, 1952, of the committee on evaluation of completed projects.* Bethesda, Md.: National Institute of Mental Health. Unpublished report, 1952. Pp. 3.

442. COTTRELL, LEONARD S., JR. *New directions for research on the American family.* *Soc. Casewk*, 1953, Vol. 34, pp. 50-60.

The author makes two recommendations for new lines of research on the American family: (1) "A thorough and systematic attempt to identify what we may call the components of personal competence (empathic capacity, social inventiveness, self-other balance, intelligence, and health) for functioning in a democratic social system," and (2) "that a major part of family research for the next decade be devoted to the experimental testing of hypotheses on the conditions of family life which enhance or inhibit the development of the essential components of competence."—L. B. Costin. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7723.

443. COTTRELL, LEONARD S., JR. *The present status and future orientation of research on the family.* *Amer. social. Rev.*, April 1948, Vol. 13, No. 2, pp. 123-129.

In current research on the family, there is little or no concerted attack on selected fundamental problems. Important orientations for future research "derive from regarding the family as the major social device for the performances of the function of reproduction; satisfying needs for intimate affectional response; and the function of basic socialization and personality patterning." Suggestion is made for a planning group under SSRC to analyze and review the area and propose ways and means of facilitating the kinds of collaborative research so obviously needed.—H. H. Nowlis. Abstract (In) *Psychol. Abstracts*, October 1949, Vol. 23, No. 10, Item 4773.

444. DICKS, H. V. *In search of our proper ethic.* *Brit. J. med. Psychol.*, 1950, Vol. 23, No. 1.

The author makes "(1) an attempt to clarify the kind of values and goals which appear to be implied or assumed in * * * work in the theory and practice of medical psychology and its wider applications—that is the *ends* * * * (sought) * * * (2) reflexions on the principles and desiderata of professional conduct which emerge as necessary correlates of these values * * * and (3) a review of some of the steps which * * * might be (taken) in order to advance the putting into practice of interprofessional integration in aims and morale."—C. L. Winder. Abstract (In) *Psychol. Abstracts*, July 1951, Vol. 25, No. 7, Item 4195.

445. DUNHAM, H. WARREN. *Social psychiatry.* *Amer. sociol. Rev.*, April 1948, Vol. 13, No. 2, pp. 183-197.

"In this paper we have, thus, tried to do two things. First we have attempted to show the dubious character of social psychiatry as a special field of sociology and to point to the emergence of a set of problems centering around the personality problems of man in society, the answers to which many different disciplines will contribute. Secondly we have tried to point out and critically evaluate the various kinds of researches carried on by sociologists and anthropologists during the past 15 years which have been regarded, at least by sociologists, as constituting the field of social psychiatry." Abstract (In) *Psychol. Abstracts*, October 1949, Vol. 23, No. 10, Item 4724.

446. DYSINGER, ROBERT H. (ED.). *Mental health in the United States*. Ann. Amer. Acad. polit. soc. Sci., March 1953, Vol. 286.

This issue is given over to the overall problem of mental health, as to implications, in terms of health, of the various mental health problems and to discuss the resources which exist in our society for the specific purpose of providing mental health services. Chapters by many authorities including Felix, Ginsburg, Coleman, Lowry, Buell, Gruenberg, and Frank.

447. FOSTER, ROBERT G. *Do we know enough to do mental hygiene?* *Menninger Quart.*, 1951, Vol. 5, pp. 7-11.

We need a much sounder program of research upon which to base mental hygiene programs. Mental health "involves economic, political, religious and many other forces and factors in community life which have to be dealt with realistically in terms of their effect upon the growing up and the relationships of people."—C. M. Crossman. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 888.

448. FRANK, LAWRENCE K. *Social order and psychiatry*. *Amer. J. Orthopsychiat.*, 1941, Vol. 11, pp. 620-628.

Psychiatry's contribution to the alleviation of national and international difficulties must involve a critical examination of our cultural traditions in terms of what they mean to the individual personality and to the group life. Psychiatry can assist in creating the agency through which a society can continually evaluate its culture and its social institutions. It must concern itself with education, with teacher training, with social welfare work, with law courts, with journalism, with theological schools, and with all areas where the culture and personality viewpoint can contribute to social well-being.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, February 1942, Vol. 16, No. 2, Item 594.

449. GREGORY, W. EDGAR. *Life is therapeutic*. *Ment. Hyg.*, April 1953, Vol. 37, No. 2, pp. 259-264.

"* * * The impact upon a poorly integrated personality of an unforeseen or unexpectedly difficult life situation results in certain collapses within the personality. What we have lost sight of is that life is also therapeutic. Given the proper life situations, many of these disintegrating personalities reintegrate themselves." * * * P. 259. "Essentially our task, in most cases of minor per-

sonality problems, is to try to establish them in an environment in which the problems will assume their proper proportions. We must let nature take her course, but seek to cooperate with her as much as possible. Time is therapeutic. Time does heal. But we have to give time the best circumstances under which to work. Otherwise time may actually deepen the crisis instead of alleviating it." P. 264.

450. GUETZKOW, HAROLD (ED.). *Groups, leadership and man.* Pittsburgh: Carnegie Press, 1951. Pp. 293.

"Groups, Leadership and Man describes the first 5 years of cooperation between the Human Relations Branch of the Office of Naval Research and the social scientists through whom it conducts contract research. The papers included are mostly the reports given by the principal investigators at a stock-taking conference called by the Advisory Panel of ONR in 1950. The result is a pace-setting book that provides the reader the opportunity to judge at first hand the scope, significance and substantive yield of this federally supported research activity." P. 742.—Julien B. Rotter. Reviewed (In) *J. abnorm. soc. Psychol.*, July 1952, Vol. 47, No. 13, pp. 742-744.

451. GUZE, SAMUEL B.; MATARAZZO, JOSEPH D.; AND SASLOW, GEORGE. *A formulation of principles of comprehensive medicine with reference to learning theory.* *J. clinic. Psychol.*, April 1953, Vol. 9, No. 2, pp. 127-136.

452. HALLOWELL, A. IRVING. *Psychic stress and culture pattern.* *Am. J. Psychiat.*, May 1936, Vol. 92, pp. 1291-1310.

453. HATT, PAUL K., AND GOODE, WILLIAM J. *Methods in social research.* New York: McGraw-Hill, 1952. Pp. 386.

This book attempts to steer a course between a simple anecdotal account of research studies with their technical details, and a set of broad generalizations about research methodology.

454. HENDRY, C. E. *What price honesty?* *Adult Leadership*, April 1953, Vol. 1, No. 11, pp. 3-5.

Why do administrators tend to shy away from evaluation? What are some of the sins of earlier attempts at evaluating that have built up resentment against it? The entire last issue of the first volume of *Adult Leadership* is given over to the subject. But the answers to the two questions posed above will provide a bountiful cud for public health administrator rumination.—R. S. Patterson. Annotations (In) *Amer. J. publ. Hlth*, June 1953, Vol. 43, No. 6, pp. 790, 791.

455. HILGARD, ERNEST R. *Theories of learning.* New York: Appleton-Century-Crofts, 1948. Pp. 409.

Chapters cover Thorndike's Connectionism, Guthrie's Contiguous Conditioning, Hull's Systematic Behavior Theory, Skinner's Descriptive Behaviorism, Current Functionalism, Gestalt Theory, Lewin's Topological and Vector Psychology, Wheeler's Organismic Psychology, Tolman's Sing-Gestalt Theory, and Theories Influenced by Field Conceptions. The book ends with a statement of the

author's own point of view as to why learning theories are inadequate and what can be done about this.—R. B. Ammons. Abstract (In) *Psychol. Abstracts*, July 1948, Vol. 22, No. 7, Item 2940.

456. JERSILD, ARTHUR T. *In search of self*. New York: Teachers College, Columbia University, 1952.

"In the course of his summary of a significant study of responses from a large number of individuals to two queries: 'What I like about myself' and 'What I dislike about myself,' Arthur T. Jersild not only reviews the concepts of self enunciated by recent psychologists and psychiatrists but also develops the principle that the concepts of self provides a key to the understanding of mental health." P. 94. Reviewed (In) *Understanding the Child*, June 1953, Vol. 22, No. 3, p. 94.

457. KARDNER, ABRAHAM. *Psychological frontier of society*. New York: Columbia University Press, 1945.

458. KELMAN, HERBERT C., AND LERNER, HARRY H. *Group therapy, group work, and adult education: The need for clarification*. J. soc. Issues, 1952, Vol. 8, No. 2, pp. 3-10.

Psychotherapy, social work and adult education are three related fields of practice which have developed professional specialization in the use of group methods. "The therapist tends to be oriented towards 'health,' the social worker towards 'adjustment,' and the educator towards 'learning.'" There is a need for clarifying the relationships among the three areas to (1) " * * * Provide insights for the solution of some of the ethical and practical problems" arising from confusion of goals and misapplication of procedures from related fields, and (2) " * * * offer suggestions for a theoretical framework adequate for the description and comparison of all 'influence attempts' * * *."—H. H. McCord. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3 and 4, Item 2734.

459. KENDALL, PATRICIA, AND LAZARSFELD, PAUL F. *Problems of survey analysis*. (In) Merton, R. K., and Lazarsfeld, Paul F. (Eds.): *Continuities in social research*. Glencoe, Ill.: Free Press, 1950.

460. KLEIN, GEORGE S.; SCHLESINGER, HERBERT J.; AND MEISTER, DAVID E. *The effect of personal values on perception—An experimental critique*. *Psychol. Rev.*, March 1951, Vol. 58, No. 2, pp. 96-112.

461. KLINEBERG, OTTO. *Social psychology*. New York: Henry Holt and Co., 1945.

462. KRIS, ERNST. *On psychoanalysis and education*. Amer. J. of Orthopsychiat., 1948, Vol. 18, pp. 623-625.

Specifically, this paper focuses on some typical misunderstandings of psychoanalysis by educators, especially concerning the use of indulgence and deprivation as a means of education. Observers have noted to what extent the child's basic demands were met by his environment but have given less attention to the child's ego development under culturally different conditions, to his inner world, to his

concern with reality versus fantasy, retained versus repressed memories, and similar factors. Twenty-eight references.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, July 1949, Vol. 23, No. 7, Item 3249.

463. KROEBER, A. L. *Psychosis or social sanction*. Character and Personality, March 1940, Vol. 8, pp. 204-215.

Cultural patterns have something to do with the nature of the psychoses of a people. They also affect the personalities of the therapists, as well as the therapeutic methods used by them. Many primitive therapists, individuals who are distinguished and socially accepted, have acquired their power through experiences which in other cultures would be classed as definitely psychotic. Therefore manifestations which are pathological according to our standards may become socially channeled in primitive societies.—M. O. Wilson. Abstract (In) *Psychol. Abstracts*, August 1940, Vol. 14, No. 8, Item 4116.

464. LEMKAU, PAUL V. *Mental hygiene in public health*. New York: McGraw Hill Co., Inc., 1949. Pp. 396.

In the public health organization there is a strategic opportunity to put mental hygiene to work in an effective way. Public health officers should be familiar with eugenics principles. The prenatal and natal periods present problems with which the health officer can help. Nursery school teachers are an important ally of the health officer in promoting not only physical but emotional health for the preschool child. Adolescence, young adult period, middle age, and old age, each have their characteristic problems that come within the function of the public health officer. Insofar as these are problems of many people rather than individual ones, and there are clear technics to deal with them, they are the concern of the public health officer.—G. K. Morlan. Abstract (In) *Psychol. Abstracts*, March 1950, Vol. 24, No. 3, Item 1179.

465. LEMKAU, PAUL V. *Toward mental health areas that promise progress*. *Ment. Hyg.*, 1952, Vol. 36, pp. 197-209.

Lemkau defines public health mental hygiene as "The application of the scientific knowledge about mental health and mental illness in the lives of the population served." Based upon this frame of reference he elaborates three axes for future development consisting of the development of personality, the epidemiology of health and mental illness, and the study of human interrelationship. Pursuit of efforts along these lines should result in benefit to the population as a whole.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 4226.

466. LEWIN, KURT. *Resolving social conflicts—Selected papers on group dynamics*. New York: Harper and Bros., 1948. Pp. 230.

Under the editorship of Mrs. Lewin, 13 selected papers are here reprinted arranged under 3 major categories: Problems of changing culture; conflicts in face-to-face groups; intergroup conflicts and group belongingness. The editor points out that the topic of the volume may be considered concerned with prob-

lems of the application of psychology in society. Gordon W. Allport evaluates these works of Lewin in a foreword.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, November 1948, Vol. 23, No. 11, Item 4891.

467. LEWIN, KURT, AND GRABBE, P. *Conduct, knowledge and acceptance of new values*. *J. soc. Issues*, 1945, Vol. 1, pp. 53-63.

The problem of reeducation is viewed as an equivalent to cultural change. This requires more than knowledge of facts and change of sentiments, namely a change in the individual relation to the social world or in his superego. To accomplish this requires voluntary acceptance of new values by accepting membership in a group with culture embodying these values.—L. M. Hanks, Jr. Abstract (In) *Psychol. Abstracts*, May 1946, Vol. 20, No. 5, Item 1588.

468. MACKINNON, DONALD W. *Applications of clinical psychology to assessment*. (In) Brower, Daniel, and Abt, Lawrence E. (Eds.): *Progress in Clinical Psychology*. New York: Grune and Stratton, 1952, pp. 425-429.

The clinically disappointing findings reported by recent major assessment studies have resulted in a critical reexamination of the validity of widely used clinical techniques and clinical judgment based upon them. Current assessment programs are briefly described. A theoretical rationale of assessment still awaits development. Thirty-seven references.—H. P. David. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6528.

469. MAYO, ELTON. *Social problems of an industrial civilization*. Boston: Division of Research, Graduate School of Business Administration, Harvard University, 1945.

470. MEAD, MARGARET. *From the South Seas; studies of adolescence and sex in primitive societies*. New York: Morrow, 1939. Pp. 1072.

A one-volume edition of three anthropological works: "Coming of age in Samoa," "Growing up in New Guinea," and "Sex and temperament."—(Courtesy Publishers' Weekly.) Abstract (In) *Psychol. Abstracts*, January 1940, Vol. 14, No. 1, Item 451.

471. MENDELSON, HAROLD. *Toward systematic analyses of community research data*. *Sociol. soc. Res.*, 1951, Vol. 36, pp. 36-39.

An attempt is made to reconcile the psychocultural approach to community research with that practiced by the structural school. The author urges community researchers to present their findings in terms of a multidimensional scheme, which he discusses, and which he maintains will synthesize the antithetical forces into more fruitful ways of scientific investigation.—S. M. Amatora. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 7140.

472. MERTON, ROBERT K. *Patterns of influence—A study of interpersonal influence and of communications behavior in a local community*. (In) Lazarsfeld, F., and Stanton, Frank (Eds.): *Communications research*, 1948-49. New York: Harper and Bros., 1949, pp. 180-219.

473. MILLER, JAMES G. *Hope chest.* (In) *Comments and Communications.* Science, October 9, 1953, Vol. 118, No. 3067. Pp. 417, 418.

This is a plea for an exploration fund to be established by foundations and other agencies that grant funds. "This could help compensate for such organizations' too common regression toward traditional means in their criteria of research competence and promise. * * * The history of science teems with episodes of outstanding discoveries of science accomplished by nontraditional methods and by personae non gratae. (Such funds) could aid such individuals in this and future generations to get financial support for their creative heterodoxy * * * (The amount) would consist possibly of no more than one-tenth of the total sum of money to be dispersed by an agency. Unlike the other funds, usually expended on the basis of the majority recommendations, * * * these sums could be spent only on recommendation of a minority." P. 417.

474. MILLER, PAUL A. *The process of decision-making within the context of community organization.* *Rural Sociol.*, June 1952, Vol. 17, No. 2.

475. MOULTON, F. R., AND KOMORA, P. O. (Eds.) *Mental health.* Lancaster: Science Press, 1939. Pp. 270.

This fourth symposium in the field of public health by the American Association for the Advancement of Science is published in collaboration with the American Psychiatric Association and with the cooperation of the U. S. Public Health Service, the National Committee for Mental Hygiene, and the Mental Hospital Survey Committee. It consists of 49 individual papers and 41 discussions, and is divided into 5 main sections entitled: "Orientation and Methods in Psychiatric Research"; "Sources of Mental Disease: Their Amelioration and Prevention;" "Physical and Cultural Environment in Relation to the Conservation of Mental Health;" "Mental Health Administration;" Professional and Technical Education in Relation to Mental Health."—M. H. Erickson. Abstract (In) *Psychol. Abstracts*, February 1940, Vol. 14, No. 2, Item 911.

476. PARSONS, TALCOTT. *The position of sociological theory.* Amer. *sociol. Rev.*, April 1948, Vol. 13, No. 2, pp. 156-164.

Five basic postulates, three methodological prerequisites, and four main conceptual components for sociological theory are discussed. Institutions are the theoretical focus of sociological science. "It may be argued that institutions constitute as it were the structural 'backbone' of social systems. The science which above all focuses on the study of the skeletal backbone is a strategically important part of any large scale study of social phenomena."—H. H. Nowlis. Abstract (In) *Psychol. Abstracts*, October 1949, Vol. 23, No. 10, Item 4730.

477. PARSONS, TALCOTT, AND SHILS, EDWARD A. (Eds.) *Toward a general theory of action.* Cambridge, Mass.: Harvard University Press, 1951. Pp. 506.

A cooperative attempt to set up, clarify, and interrelate the principles and categories of the theory of the social sciences. Contributors to this volume, in addition to the editors, include E. C. Tolman, G. W. Allport, C. Kluckhohn,

H. A. Murray, R. R. Sears, R. C. Sheldon, and S. A. Stouffer. Contents: Part 1. The general theory of action; Part 2. Values, motives, and systems of action; Part 3. A psychological model (Tolman); and Part 4. The theory of action and its application.—A. J. Sprow. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 3925.

478. PRATT, DALLAS. *Making the environment respond to basic emotional needs—A challenge to the mental health movement.* 123 West Madison Street, Chicago 2, Ill.: Mental Health Bulletin, Illinois Society for Mental Health, Jan.-Feb., 1953, Vol. 31, No. 1. Pp. 108. (Reprinted from *Psychiatry*, May 1952, Vol. 15, No. 2.)

479. PUBLIC HEALTH STUDY SECTION, NATIONAL INSTITUTES OF HEALTH, IN CONJUNCTION WITH THE GRADUATE SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF PITTSBURGH. *Methods in public health research—Proceedings of a conference held under the auspices of (the above), May 10-11, 1950.* Amer. J. publ. Hlth, August 1951, Vol. 41, No. 8, Part 2, pp. 1-117.

"At the Conference, a group of outstanding investigators, * * * presented or discussed papers dealing solely with methodology used in several current or recently completed studies. * * * The summary which introduces the papers highlights the methodological principles brought out in the general discussion. The summary also includes a guide that outlines the criteria suggested to test the adequacy of study techniques and planning."—From Foreword by Leonard A. Scheele, M. D., Surgeon General.

480. RENNIE, THOMAS A. C., AND WOODARD, LUTHER E. *Mental health in modern society.* New York: Commonwealth Fund, 1948. Pp. 424.

A presentation of the mental health problems facing present and future society based upon the profitable experience during World War II, and on the thesis that "an individual's mental and emotional ill health is a reaction of his personality to the multiple stresses of the total environment, whether the stresses be in the external environment or in his own complicated emotional imbalances." Broad programs of rehabilitation are imperative and should reflect the trend away from professional isolationism with further development of the public health phase of mental hygiene. The authors refer generally to the mental health services in the armed forces covering the areas of psychiatric screening and the prevention and treatment of psychiatric disabilities. The successful emphasis upon patient-activity and adequate motivation for recovery along with an increased awareness of the importance of family and community attitudes must be stressed in the treatment of patients in civilian life. The program for veteran-civilian readjustment is described with nine chapters covering the sources of help in the prevention and treatment of psychiatric problems. A final emphasis is society's responsibilities toward future industrial and international harmony through the application of the principles of sound mental hygiene.—P. S. DeQ. Cabot. Abstract (In) *Psychol. Abstracts*, August 1948, Vol. 22, No. 8, Item 3447.

481. RIESMAN, DAVID. *The lonely crowd—A study of the changing American character.* New Haven, Conn.: Yale University Press, 1950.

482. SCHUMACHER, HENRY C. *The integration of mental hygiene concepts and practices in a public health program.* Canadian J. of publ. Hlth, September 1948, pp. 351-357.

The author points out that mental hygiene concepts can and should become an integral part of all aspects of a public health program, and not be limited to the activities of the psychiatric clinic. Applications made for prenatal clinics, well-baby conferences, nursery schools, school health programs, the doctor, the nurse, and general education and information.

483. SELZNICK, PHILIP. *Institutional vulnerability in mass society.* Amer. J. Sociol., 1951, Vol. 56, pp. 320-331.

484. STEVENSON, GEORGE S. *The mental health program in perspective.* Ment. Hyg., January 1951, Vol. 35, No. 1, pp. 5-9.

A discussion of the overall problem. The author asks "What is behind these problems that we can do something about?" He then discusses six basic deficiencies.

485. STONE, CALVIN P. (Eds.) *Annual review of psychology.* Stanford, Calif.: Annual Reviews, Inc., 1953, Vol. IV. Pp. 485.

This attempts to digest and summarize recent studies relating to the various areas in psychology. There are five volumes now published starting with 1950, Vol. I. Applicable chapters include: Child Psychology, Individual Differences, Social Psychology and Group Processes, Clinical Methods: Psychotherapy, Counseling: Therapy and Diagnosis, and Statistical Theory and Design. Each chapter has a rather complete bibliography. The text has a final author and subject index.

*486. SUBCOMMITTEE ON RESEARCH METHODOLOGY IN MENTAL HEALTH RESEARCH, RESEARCH STUDY SECTION, NATIONAL ADVISORY MENTAL HEALTH COUNCIL. *Work conferences in mental health—Progress report.* Bethesda, Md.: National Institute of Mental Health, 1952. Pp. 38.

This is a report of the first year of an 18-month project. A number of interdisciplinary work conferences were to be arranged. Two have been held and reported herein. Consideration has been given to research design and methodology, including a review of outstanding examples of current research on problems of mental health.

487. SUTHERLAND, J. D. *Psychological medicine and the National Health Service—The need for an integrated approach to research.* Brit. J. med. Psychol., 1952, Vol. 25, pp. 71-85.

Representative viewpoints manifest in research and related findings are reviewed. The answer to the pressing needs for psychiatric services lies not in training more psychiatrists to conduct treatment of questionable fundamental value, but in large scale research based on unbiased, comprehensive dynamic

(psychological and organic) formulations regarding the determinants of mental health. Twenty references.—C. L. Winder. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 7274.

488. SUTHERLAND, J. D. *Scientific tasks for the psychological clinic*. (In) Mace, C. A., and Vernon, P. E. (Eds.): *Current Trends in British Psychology*. London: Methuen, 1953.

489. TANNER, J. M. (Ed.) *Prospects in psychiatric research—The proceedings of the Oxford Conference of the Mental Health Research Fund, March 1952*. Oxford, England: Blackwell Scientific Publications. Pp. 197.

Published simultaneously in United States by Charles C. Thomas, Publisher, 301 East Lawrence Avenue, Springfield, Ill.

490. THELEN, HERBERT A., ET AL. *Experimental research toward a theory of frustration*. *J. educ. Res.*, October 1951.

491. TREDGOLD, R. F. *Morale and mental health in modern society*. *Ment. Hlth.*, London, 1950, Vol. 9, pp. 58-62.

Social scientists who work in the fields of morale and mental health should not forget their status as scientists: They should avoid the temptation to speak with any special authority on ethical matters. "Their approach must follow the path of any other science, and consist of three steps, the unremitting labour of ascertaining facts and so gaining familiarity with the subject, the classification of the subject, and the judicious construction of theories." The particular skills which the psychiatrist and other mental health workers should utilize are their techniques for eliciting facts and of interpretation—both of which skills should be even more highly developed.—G. E. Copple. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 404.

492. WATSON, JEANNE. *Some social and psychological situations related to change in attitude*. *Human Relat.*, 1950, Vol. 3, No. 15.

Reports the results of nondirective research with 45 residents of New York City who reported that at some time in their lives a change occurred in their attitude toward Jews or Negroes. The particular attitudes in which the investigator was interested were those dealing with the perception of the action appropriate to a situation rather than the perception of object characteristics. Data are analyzed in accordance with the following schema: Predisposing events, restructuring of social attitudes to fit into the predisposing events, precipitating experiences and reinforcement for the new attitude based on further contact with the attitude objects. Thirty-one persons report favorable change and the remaining 14 report changes in an unfavorable direction. Seventy-eight-item bibliography.—R. A. Littman. Abstract (In) *Psychol. Abstracts*, April 1951, Vol. 25, No. 4, Item 2370.

493. WECHSLER, ISRAEL S. *The legend of the prevention of mental disease*. *J. Amer. med. Assn.*, 1950, Vol. 95, No. 24.

494. WESCHLER, IRVING R., AND BROWN, PAULA (EDS.). *Evaluating research and development.* Los Angeles: Human Relations Research Group, Institute of Industrial Relations, 1953. Pp. 104.

495. WIKLER, ABRAHAM. *A critical analysis of some current concepts in psychiatry—Implications of a monistic mind-body concept for diagnosis, research, etiology and treatment.* Psychosom. Med., Jan.-Feb. 1952, Vol. 14, No. 1, pp. 10-17.

“* * * Since rational therapy must be based on valid conclusions derived from research studies, it is evident that the problem is one of great practical importance. Basically, the chief reason for the ambiguity of some current concepts in psychiatry appears to be a failure to recognize the implications of a monistic concept of Mind and Body. It is the purpose of this paper to formulate such a concept and to analyze the implications of such a viewpoint with regard to the problems in diagnosis, research, etiology, and treatment.” P. 10.

496. WORLD HEALTH ORGANIZATION, EXPERT COMMITTEE ON MENTAL HEALTH. *Report of the first session, 1949.* Geneva, Switzerland: World Hlth Org. tech. Rep. Ser., 1950, No. 9. Pp. 41.

These are the summary recommendations of the Expert Committee submitted for action to the WHO on mental health aspects of the following topics: Principles and priorities, professional education, nurses, fellowships, supply of technical literature to governments, public health education, collection of information, advisory and demonstration services to governments, research, alcoholism and drug addiction, maternal and child health, venereal diseases, international statistical classification of diseases, morbidity studies, unification of pharmacopoeias, cooperation with the UN—with specialized agencies—and with nongovernmental organizations. Two annexes deal with crime prevention and treatment of offenders.—J. C. Franklin. Abstract (In) Psychol. Abstracts, April 1951, Vol. 25, No. 4, Item 2433.

497. WORLD HEALTH ORGANIZATION, EXPERT COMMITTEE ON MENTAL HEALTH. *Report of the second session, 1950.* Geneva, Switzerland: World Hlth Org. tech. Rep. Ser., 1951, No. 31. Pp. 49.

“In the report on its first session the committee stated that it considered ‘that the single long-term principle for the future work of WHO in the fostering of mental health’—as opposed to the treatment of psychiatric disorders—‘is the encouragement of the incorporation into public health work of the responsibility for promoting the mental as well as the physical health of the community.’ * * * In its second session which has been devoted to a fuller discussion of these matters the committee has had the advantage of having, as members, psychiatrists who are themselves collaborating with public health services in the development of mental hygiene practice or conducting mental hygiene training for public health workers.” P. 3.

498. YOUNG, KIMBALL. *Social psychology and social casework*. Amer. sociol. Rev., 1951, Vol. 16, pp. 54-61.

Reports trends in social casework over the past 50 years and suggests research problems relating to casework on which the case worker can seek the help of social psychologists.—W. W. Charters, Jr. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1058.

499. ZILBOORG, GREGORY. *The mental health aspect of the communication of ideas*. (In) Moulton, F. R., and Komora, P. O. (Ers.): *Mental health*. Lancaster: Science Press, 1939.

(See also Nos. 543, 558, 573, 652, 847, 856.)

II. Mental Health Activity Areas

Community Organization

*500. ABERLE, DAVID F. *Introducing preventive psychiatry into a community*. Hum. Organization, Fall 1950, Vol. 9, No. 3, pp. 5-9.

This is a preliminary report on the Wellesley (Mass.) project. The group is financed by the Grant Foundation to carry out 5 years' work in the area of preventive psychiatry. It is headed by Dr. Erich Lindeman of the Massachusetts General Hospital and Harvard University, and is staffed by psychiatrists, a clinical psychologist, a medical psychiatric social worker, a medical statistician, and a social anthropologist (the writer). The group is called the Human Relations Service.

*501. ANDERSON, JOHN E. *Nobles County every-child survey*. Minneapolis, Minn.: University of Minnesota, Institute of Child Welfare. Study in progress 1952.

Paper presented in Symposium—Research in community mental health screening. Amer. Psychol. Assoc., Sept. 3, 1952. The purpose of the paper was to describe one phase of a research project undertaken in 1949-50, in which all the children in a county between the ages of 9 and 18 years were examined preliminary to a followup study of their adjustment.

502. BUREAU OF STATES SERVICES, PUBLIC HEALTH SERVICE. *Mental health services*. (In) Distribution of health services in the structure of State government, 1950, Part Three. Washington, D. C.: U. S. Department of Health, Education, and Welfare, Public Health Service Publication No. 184, Part Three. Government Printing Office, 1953, pp. 189-208.

*503. CAMPBELL, ANGUS. *Public concepts of mental illness*. Ann Arbor, Mich.: Univ. of Michigan, Survey Research Center. Study in Progress, 1952. NIMH grant.

504. CAMPBELL, C. MACFIE. *The subnormal child—A survey of the school population in the Locust Point District of Baltimore.* Ment. Hyg., January 1917, Vol. 1, pp. 96-147.

"Assuming that the present type of school training is satisfactory for the normal child, how many children are there who through constitutional inferiority are unable to benefit by it, and require a special form of training? The present survey was undertaken to get some data which would help to furnish an answer to this question; in one district the school population was reviewed and the number of children with special requirements enumerated. * * *" P. 140.

*505. CLAUSEN, JOHN A. *Mental health survey.* (In) Public Health Reports: Health Resources of the Nation. November 17, 1950.

This is a preliminary report of a survey study contracted with the Survey Research Center at the University of Michigan, in connection with the Phoenix Mental Health Center is 1949. A final monograph report is now in process.

*506. CLAUSEN, JOHN A.; ELLIOTT, CHARLES N.; AND O'KEEFE, DANIEL E. *Orientations toward mental health problems and services in a southwestern city.* Bethesda, Md.: National Institute of Mental Health, 1952. Study in progress.

Unpublished paper delivered at the meetings of the Amer. Sociol. Soc., Atlantic City, N. J., September 4, 1952. The paper presents and discusses data and impressions collected in connection with the program operations of the Phoenix Mental Health Center, a field station of the National Institute of Mental Health. Attention was focused on a description of the local setting within which the Mental Health Center came to operate and the attitudes and beliefs held by members of the community with reference to mental health problems and services.

507. COMMUNITY CHESTS AND COUNCILS, INC. *Social breakdown, a plan for measurement and control.* New York: Community Chests and Councils, Inc., Bulletin No. 101, 1939.

508. DALGLEISH, JOHN KENNETH. *An evaluation of Labor's Union Counseling Program as a method of bringing people and health and welfare services together.* Columbus, Ohio: Ohio State University, School of Social Administration, MA thesis, 1949. Available through interlibrary loan.

*509. DOMKE, HERBERT R. *Evaluation of a community mental health program.* Clayton, Mo.: St. Louis County Department of Public Health. Study in progress, 1953. NIMH grant.

510. DWORKIS, MARTIN B. *Intergovernmental relations in the administration of mental health programs in the New York metropolitan area.* New York: New York University, Graduate Division of Public Service, 1953. Pp. 386.

This study is the product of a cooperative effort by a group of graduate students of the Graduate Division of Public Service at New York University. It is one

of a series of group field research projects undertaken by the faculty of the Graduate Division of Public Service as an experimental method in education.

511. GREEN, JAMES W., AND MAYO, SELZ C. *A framework for research in the actions of community groups.* Soc. Forces, 1953, Vol. 31, pp. 320-327.

If an action, rather than the structure (group, community) taking the action becomes the unit of analysis in community research, it is believed that prediction and understanding of group action will be facilitated. This also involves revision of the usual sociological framework for community group analysis, which is here undertaken under the rubrics: "(1) A classification of actions; (2) a technique for locating community group actions; (3) steps in the analysis of actions; (4) some implications of the framework."—B. R. Fisher. Abstract (In) Psychol. Abstracts, March-April, 1954, Vol. 28, Nos. 3-4, Item 2461.

512. HAWLEY, A. H. *Discussion on community research—Development and present condition.* Amer. sociol. Rev., 1948, Vol. 13, pp. 153-156.

513. JOSIAH MACY, JR. FOUNDATION. *Health and human relations—A report on the Third Conference on Health and Human Relations held at Hiddesen, Germany, August 2-7, 1951.* Garden City, N. Y.: Doubleday and Co., Inc., 1953. Pp. 208.

"This new book, *Health and Human Relations*, presents the report of the Third Conference, initiated by the German participants at the Williamsburg Conference on Health and Human Relations in Germany, and attended by leaders from the United States, England, Germany, France, Holland, and Sweden, representing 16 different professions. Among these were mental health experts, psychiatrists, social scientists, educators, representatives of the State Department, the United States Public Health Service, and voluntary agencies from both the United States and Germany. The book represents an effort toward intercultural understanding; a working toward common goals by people of varying race, religion, nationality, economic status, and cultural background. The conference participants met together to pool their information and experience for the study of mental or total health and its relation to education, industrial society and post-war psychological tensions in Germany. Work was done at this conference toward the development of a mental health movement in Germany. Progress since the Hiddesen Conference in the furtherance of its goal is reported in the Introduction by Dr. Frank Fremont-Smith, written May 1, 1953."—From Announcement.

514. KLEIN, ALAN F. *X-Ray your community.* Youth Leaders, March 1954, Vol. 16, No. 6, pp. 216-219.

Frequently citizens ask how they are to know whether a community is healthy and efficient. This is a yardstick—a series of questions to be applied in evaluating the total adequacy of a community.

*515. KORNHAUSER, ARTHUR. *Factors affecting the mental health of workers in mass-production industry.* Detroit, Mich.: Wayne University. Study in progress, 1952. NIMH grant.

A study of the occurrence of psychoneurotic symptoms and emotional difficulties among workers engaged in routine production jobs, as compared with persons employed in other types of work.

516. KUBIE, LAWRENCE S. *A research project in community mental hygiene—A fantasy.* *Ment. Hyg.*, 1952, Vol. 36, pp. 220-226.

The blueprint for an experiment in individual preventive and corrective mental hygiene that could be applied in any community.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 4225.

517. LANDECKER, WERNER S. *Types of integration and their measurement.* *Amer. J. Sociol.*, 1951, Vol. 56, pp. 332-340.

Problems of index construction are discussed for four types of integration, each of which varies on a continuum of its own. The four types are: The cultural, that is, consistency among the standards of a culture; the normative, or conformity of the conduct of the group to cultural standards; the communicative, or exchange of meanings throughout the group; and the functional, or interdependence among group members through the division of labor.—D. L. Glick. Abstract (In) *Psychol. Abstracts*, August 1951, Vol. 25, No. 8, Item 5247.

518. LANTZ, HERMAN R. *Population density and psychiatric diagnosis.* *Sociol. soc. Res.*, 1953, Vol. 37, pp. 322-326.

The sample consists of 1,000 men in the U. S. Army Air Force, officers and enlisted personnel, white and colored, from differing geographical regions and between the ages of 15 and 44. All had been referred to a mental hygiene clinic for numerous reasons, broadly for (1) psychosomatic illness as detected by medical officer, or (2) evidence of social maladjustment. Detailed analysis and comparison with other studies are given. The survey suggests better mental health in favor of persons coming from sparsely populated regions.—S. M. Amatory. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 2822.

519. LEMKAU, PAUL; TIETZE, CHRISTOPHER; AND COOPER, M. *Mental-hygiene problems in an urban district.* *Ment. Hyg.*, 1941, Vol. 25, pp. 624-646.

A statistical report on the Mental Hygiene Study of the Eastern Health District of Baltimore.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, March 1942, Vol. 16, No. 3, Item 1011.

520. MCBEE, MARIAN, AND FRANK, MARJORIE. *Evaluation of community needs and resources for mental health.* 1790 Broadway, New York City: National Association for Mental Health, 1950.

A guide for the Field Study Committee of local Mental Hygiene Societies.

521. McDONAGH, V. P., ET AL. *Toward the eradication of the problem family.* *J. Roy. San. Inst.*, March 1953, Vol. 73, Chapter 2, pp. 92. 90 Buckingham Palace Road, London, S. W. 1.

“Glancing back over a quarter century of desultory but wide range browsing, I cannot recall as thorough an airing of this subject as that given in a recent

(British) symposium—not in an American public health gathering—at any rate, a question naturally evolves: Are problem families an odorous matter that might be similarly ventilated in our deliberations? Or, happily, are they outside our administrative province?"—R. S. Patterson. Annotations (In) Amer. J. publ. Hlth, Vol. 43, No. 6, June 1953, p. 791.

522. MAISEL, ALBERT Q. *When would you consult a psychiatrist.* Colliers, May 12, 1951, pp. 13-15 plus.

The facts presented were gathered and analyzed over a period of a year by Collier's public opinion analyst Elmo Roper and the city of Louisville, Ky. Trained interviewers with scientifically prepared questionnaires made a thorough cross section survey—4,000 interviews of 45 minutes each. Also four special groups, doctors, lawyers, clergymen and teachers.

523. MARKS, ELI S.; MAULDIN, W. PARKER; AND NISSELSON, HAROLD. *The post-enumeration survey of the 1950 census: A case history in survey design.* J. Amer. statist. Assn., 1953, Vol. 48, pp. 220-242.

Although present methods for measurement of the error of an interview may fall far short of perfection in giving an objective evaluation of quality, they can often provide relative measures of reliability in the form of lower bounds. Such data are useful and usable in improving survey design. They also will provide a basis for improving techniques of measurement. The development of more satisfactory techniques for the measurement of interview error, and collection of data for the evaluation of specific survey methods, constitute the most essential steps to be taken toward the improvement in survey design.—G. C. Carter. Abstract (In) Psychol. Abstracts, March-April, 1954, Vol. 28, Nos. 3-4, Item 2466.

524. MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH. *Survey of Community Psychiatric Resources.* Boston, Mass.: Massachusetts Department of Mental Health. Mimeographed Report of Project Plan, Sept. 17, 1951.

This is a planned survey with the Department of Mental Health being the sponsoring group. Survey will be financed by funds from the Department's Federal grant-in-aid. The Harvard School of Public Health is to provide the survey staff. According to the timetable the written final report should be available in September 1952.

525. MENTAL HEALTH COMMISSION, DEPARTMENT OF MENTAL HYGIENE. *Third annual conference of clinic personnel on clinic relations with other community agencies.* Albany, N. Y.: State of New York, Department of Mental Hygiene, Mental Health Commission, 1953. Pp. 138.

Conference held at Syracuse, N. Y. January 7-9, 1952. The conference devoted its deliberations to a consideration of the clinics' relationships with other community agencies in promoting mental health and preventing mental illness. Several pilot studies are reported and discussed.

526. MIDDLETON, JOHN. *Prejudices and opinions of mental hospital employees regarding mental illness.* Amer. J. Psychiat., 1953, Vol. 110, pp. 133-138.

A "prejudice" test about behaviour disorders was given to 392 State mental hospital employees representing every work group. Less educated and less intelligent employees were more prejudiced about mental illness than their opposites. The younger and less experienced groups showed less prejudice than their opposites. Nonattendants were, in most cases, equally prejudiced compared with attendant and medical workers. Standards of employment and orientation courses are suggested.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 2830.

*527. MILLER, ALAN D. *A county mental health survey.* (In) Project activities at the NIMH MENTAL HEALTH STUDY CENTER, 1953–54–55. Unpublished report, 1953. P. 4.

The project is organized around an effort by the county to explore carefully its mental health needs, and to plan a long-range community program to meet these needs. To this effort, lay and professional people of the county are bringing leadership, energy, and a high degree of motivation; and the clinic staff is bringing technical assistance and advice, when it is requested.

528. MYERS, ROBERT C. *A survey of the mental hygiene clinic services in New Jersey.* Trenton, N. J.: New Jersey State Department of Institutions and Agencies. Unpublished report, 1952. Pp. 11.

Report prepared by Dr. Robert Myers, Sociologist in the New Jersey State Department of Institutions and Agencies, while he was on loan to the New Jersey Association for Mental Health.

529. NOVICK, RUDOLPH G. *Constructive planning for mental health.* School Science and Mathematics. March 1954.

*530. PENNSYLVANIA MENTAL HEALTH, INC. *A project to examine the aims and program of a Citizens Mental Health Movement with special reference to the development of working principles and guides for action.* Philadelphia, Pa.: Pennsylvania Mental Health, Inc. Study in progress, 1953.

This study in planning stage will give consideration to: (1) Can principles be observed and formalized from the wealth of scientific knowledge about mental health which will serve as a basis for sound, constructive and independent mental health activities by organized groups of lay citizens? and (2) if so, can these principles be translated into program guides for specific activities by these groups?

531. POSTELL, WILLIAM DOSITE. *Mental health among the slave population on southern plantations.* Amer. J. Psychiat., 1953, Vol. 110, pp. 52–54.

Inventory and appraisement records of estates as recorded in probate court show a ratio of slaves suffering from nervous or mental disease of 1:85.8. The figure for the entire United States population today is 1:16. Since the 1840 census gives a ratio of 1:995 for whites in the North and 1:945.3 for whites in South as compared with a ratio of 1:144.5 for Negroes in the North and 1:1,558

for Negroes in the South, it is conjectured that these records give a more accurate picture of psychopathology among the antebellum slaves. It is further stated that because Southern planters could teach their "insane" slaves simple duties or because they had poor concepts of whom to class as insane, they failed to report such afflictions to the census takers.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 2837.

532. ROTH, WILLIAM F., JR., ET AL. *The provision of psychiatric services to rural areas. Round table, 1942.* Amer. J. Orthopsychiat., 1943, Vol. 13, pp. 297–322.

In addition to defining the problem of providing psychiatric services to rural areas, this round table described several methods by which State agencies for mental health provide services to rural areas, the use of State and local welfare departments as vehicles for service, a county organization of child guidance services, the economic aspects of the problem, and the topic of how to obtain adequate personnel. It seems that the two main essentials for any system are (1) that it be well integrated with the governmental and social organization of the community in which it operates, and (2) that the greatest possible benefit be derived from the money expended.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, November 1943, Vol. 17, No. 11, Item 3997.

533. SCHUMACHER, HENRY C. *Mental health in community activities.* J. Texas publ. Hlth Assn., June 1950, Vol. 2, No. 3.

"It is only in relatively recent years that the role played by social-emotional factors in molding the individual personality has come to be appreciated by the medical profession. Even today heredity, on the one hand, and disease-producing organisms on the other tend to receive major emphasis * * * our task, therefore, is to work simultaneously on both aspects of the problem. In particular, we must strengthen the mental and emotional integrity of the individual and modify those social institutions which bear down too heavily on human nature."

534. SOUTHERN CALIFORNIA SOCIETY FOR MENTAL HYGIENE. *Low-cost psychiatric Clinic Care in Los Angeles County 1952.* Los Angeles, Calif.: Southern California Society for Mental Hygiene. Community Report No. 1, 1952. Pp. 8.

An analysis and report on low-cost psychiatric clinic care in Los Angeles County together with estimates of needs.

*535. STAR, SHIRLEY. *Confidential forecast of the results of the survey of "Popular Thinking in the Field of Mental Health."* Chicago: University of Chicago, National Opinion Research Center. Survey No. 272, September 1952. Unpublished report. Pp. 28.

This summary of what now appears to be the major trends in thinking emerging from the study has been prepared as a progress report which forecasts the types of materials the study is yielding and their potential usefulness. This account is wholly based upon impressions derived from reading some 2,000 of

the interviews on which the study is based. It is, therefore, highly tentative, subject to revision in the light of systematic analysis of the data, and only a partial exposition of their implications."—Introductory statement.

536. STEELMAN, JOHN R. (CHAIRMAN). *Science and public policy—A report to the President.* Washington, D. C.: The President's Scientific Research Board. U. S. Government Printing Office, 1947.

This report by John R. Steelman, Chairman, The President's Scientific Research Board comprises 5 volumes: "Volume 1 is entitled 'A Program for the Nation.' It sketches the country's position in scientific research and development, and its needs, and makes recommendations as to what the Federal Government can do in order to meet the challenge of science and assure the maximum benefits to the Nation and to its people. Volume 2, entitled 'The Federal Research Program,' reviews the details of the Government's scientific work, agency by agency, gives the history, administrative setup, expenditures, and discusses typical projects throughout the Federal departments and agencies. Volume 3, entitled 'Administration for Research,' analyzes the Federal Government's administration of research and development in some detail, points out key problems and policy issues, and makes recommendations for modernizing Government machinery so that the best results may be obtained from the vast Federal program of research and development. Volume 4, entitled 'Manpower for Research,' deals with the shortage of scientists, its implications for our progress, and the steps that must be taken to relieve the shortage. Volume 5, entitled 'The Nation's Medical Research,' discusses progress in medical and allied sciences, its problems inside Government and in the Nation as a whole, outlines the Federal program and makes recommendations for its improved administration." P. 7.

537. STEVENSON, GEORGE S. *The citizen's mental health movement.* Ann. Amer. Acad. polit. & soc. Sci., March 1953, Vol. 286, pp. 92-99.

This article takes off from a concept of citizen responsibility and follows that logically into the mental health field. The organization and operation of a mental health association is discussed in keeping with this principle.

538. STRAUS, ROBERT. *Community surveys: Their aims and techniques with special reference to problems of alcoholism.* Quart. J. Stud. Alcohol, 1952, Vol. 13, pp. 254-270.

Surveys of Waterbury, Conn., and Jackson, Miss., are described to illustrate the range of important information resulting from such activities.—W. L. Wilkins. Abstract (In) Psychol. Abstracts, March 1953, Vol. 27, No. 3, Item 2089.

539. TIZARD, JACK. *The prevalence of mental subnormality.* Bull. World Hlth Org., 1953, Vol. 9, pp. 423-440.

"The criteria of mental subnormality are complex, uncertain, and not self-consistent, confusion arises because of errors of measurement, faulty standardization of tests and measurements, differences in growth patterns, environmental influences, and lack of agreement between the different criteria for diagnosis.

Fluctuations in the threshold of community tolerance make the term 'mental subnormality' only a relative one, useful mainly for administrative purposes. There is evidence to suggest that mild subnormality is not an irreversible condition. Surveys of prevalence have been of three main sorts: Psychometric, clinical, and followup. Some of the main findings from each of these are summarized. Since mild subnormality is to a large extent a culturally determined disability, it follows that cultural changes can do much to diminish its occurrence. In particular, better maternal and child health services, more adequate educational provision, social welfare, vocational guidance and training services, and a condition of full employment would together greatly reduce the prevalence of this, the commonest form of mental subnormality." Synopsis, p. 423. Dr. Tizard is at the Medical Research Council, Unit for Research in Occupational Adaptation, Maudsley Hospital, London.

540. U. S. SELECTIVE SERVICE SYSTEM, 1947. *Physical examinations of selective service registrants*. Washington, D. C.: Special Monograph No. 15, Vol. 1, U. S. Government Printing Office, 1948. Pp. 319.

Chapter V, pp. 51-72, gives the results of physical examinations, 1917-18. Chapter XV, pp. 149-183 gives results of physical examinations for World War II. Included are figures for mental and educational deficiency.

*541. WHITE, VIRGINIA K. *To establish criteria for measuring relative need between areas for community-subsidized leisure time activities*. Cleveland, Ohio: Welfare Federation of Cleveland. Study in progress, 1952.

To consider need in relation to population growth, economic status, population density, distribution of ethnic and racial groups.

542. WHITMAN, SAMUEL. *Community interpretation of a mental hygiene program. I. Organizing for mental health in the local community*. (In) National Conference of Social Work: Social work in the current scene, 1950; selected papers 77th Annual Meeting, Atlantic City, N. J., April 23-28, 1950. New York: Columbia University Press, 1950, pp. 119-132.

Activities and problems are discussed concerning the efforts of various communities to improve their mental health programs. The principle that an effective mental hygiene program "must be in the mainstream of community life" is elaborated and illustrated. Emphasis is placed on the importance of developing lay and professional leaders.—F. Costin. Abstract (In) *Psychol. Abstracts*, December 1951, Vol. 25, No. 12, Item 8055.

543. YOUNG, PAULINE V. *Scientific social surveys and research; an introduction to the background, content, methods, and analysis of social studies*. New York: Prentice-Hall, 1949. Pp. 621.

To be utilized as an introductory text and methodological reference work for sociologists and social workers, the book is divided into 21 chapters, beginning with historical and contemporary development of the survey movement, and the use of surveys and research in social work today. The nature and basic prin-

ciples of scientific social research are next presented, followed by chapters on sources of available data and the use of historical data. The rest is primarily concerned with methods of research. Forty-page bibliography.—B. R. Fisher. Abstract (In) *Psychol. Abstracts*, October 1950, Vol. 24, No. 10, Item 5185.

544. ZIMBALIST, SIDNEY. *Summary of Thesis Research, 1949-51*. St. Louis, Mo.: George Warren Brown School of Social Work, Washington University, 1952.

A report of two studies relating to public opinion surveys concerning attitudes on mental illness. A slight rewording of case descriptions changed the proportion of "withdrawn psychotics" recognized as mentally ill from 68 to 90 percent.

(See also Nos. 459, 472, 492, 496, 497.)

Administration

545. AMERICAN ORTHOPSYCHIATRIC ASSOCIATION. MEMBERSHIP STUDY COMMITTEE. KRUGMAN, MORRIS. (CHM.) *A study of current trends in the use and coordination of professional services of psychiatrists, psychologists and social workers in mental hygiene clinics and other psychiatric agencies and institutions*. Amer. J. Orthopsychiat., 1950, Vol. 20, pp. 1-62.

The study was undertaken for the purpose of examining current practices in order to learn what the status of the clinic team was in representative psychiatric organizations; how the three professions worked together; and what policies and procedures were used to coordinate services. From the analysis of 327 questionnaires and from the study of material secured on visits to 43 organizations, it was found that there are different interpretations of the term "coordinated services" and that these differences are largely a matter of emphasis.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, October 1950, Vol. 24, No. 10, Item 5002.

*546. BAILEY, WALTER K. (CHM.). *Preliminary findings of the Joint Committee on mentally ill and emotionally disturbed children needing residential (Inpatient) treatment*. Cleveland, Ohio: Joint Committee of the Welfare Federation and Cleveland Mental Health Association. Study in progress, 1953. Unpublished preliminary report, January 1954. Pp. 6.

Preliminary findings were obtained from a questionnaire sent to 47 agencies in Cuyahoga County. Of 407 children, 103 were receiving care in a residential treatment center. The remaining 304, all of whom had been diagnosed by a psychiatrist as being emotionally disturbed and needing treatment in a residential treatment center, were not receiving such treatment.

547. BARHASH, ABRAHAM Z., ET AL. *Appraising the contribution of the mental hygiene clinic to its community. 3. Discussion*. Amer. J. Orthopsychiat., 1951, Vol. 21, pp. 94-104.

The "retreat into treatment" by mental hygiene clinics may not be a defensive maneuver but may be, in part, at least, a conscious and deliberate development resulting not only from external pressures but also from clarification of function. There must be a nicety of balance between individual treatment and broad preventive mental health. There is no substitute for a staff which combines therapeutic competence with a broad sense of social responsibility.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, December 1951, Vol. 25, No. 12, Item 8056.

548. BRONFENBRENNER, URIE, AND DEVEREUX, EDWARD C. *Interdisciplinary planning for team research on constructive community behavior—The Springdale project.* *Hum. Relat.*, 1952, Vol. 5, pp. 187-203.

This is the case history of a project which reports the difficulties involved in interdisciplinary research. Seven "pitfalls" are listed which cover the gamut from personal problems to theoretical ones. Three major accomplishments are also discussed under the headings of problem definition, methods and theory.—R. A. Littman. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 1892.

549. BUSH, VANNEVAR. *Science the endless frontier—A report to the President on a program for postwar scientific research.* Washington, D. C.: U. S. Government Printing Office, 1945. Pp. 184.

Dr. Bush is Director, Office of Scientific Research and Development. This report was prepared at the request of President Roosevelt concerning the following points: "(1) What can be done, consistent with military security, and with the prior approval of the military authorities, to make known to the world as soon as possible the contributions which have been made during our war effort to scientific knowledge? (2) With particular reference to the war of science against disease, what can be done now to organize a program for continuing in the future the work which has been done in medicine and related sciences? (3) What can the Government do now and in the future to aid research activities by public and private agencies? (4) Can an effective program be proposed for discovering and developing scientific talent in American youth so that the continuing future of scientific research in this country may be assured on a level comparable to what has been done during the war?" P. v.

550. COMMITTEE ON EDUCATIONAL PRACTICES, NATIONAL COUNCIL OF INDEPENDENT SCHOOLS. *Some inquiries helpful in appraising mental health in a school.* Boston, Mass.: National Council of Independent Schools, September 1952. Pp. 4.

This leaflet is not a standardized test nor is it a comprehensive survey instrument. It simply assembles a series of "loaded" questions, each with the aim of discovering to the user the "mental hygiene" point of view and the existence in use of that point of view in his school. P. 1.

551. COMMITTEE ON PUBLIC HEALTH RELATIONS OF THE NEW YORK ACADEMY OF MEDICINE WITH THE ASSISTANCE OF THE JOSIAH MACY, JR. FOUNDATION.

Conferences on drug addiction among adolescents. Garden City, N. Y.: Doubleday and Co., Inc., 1953. Pp. 320.

This book combines the reports of two conferences which were held on the subject of drug addiction among adolescents at the New York Academy of Medicine in November 1951, and March 1952. These conferences were attended by physicians, psychiatrists, sociologists, social workers, clergymen, lawyers, court officials, and representatives of institutions such as Bellevue Hospital, New York City; U. S. P. H. S. Hospital, Lexington, Ky.; and Riverside Hospital, New York; superintendents of schools, an agent from the Federal Bureau of Narcotics, and a representative from the United Nations Division of Narcotic Drugs. This book represents the best thinking of those most closely concerned with the problem of teen-age drug addiction. Throughout these reports, emphasis is given to the fact that the problem cannot be dealt with apart from the fundamental causes creating known maladjustments (such as gang warfare, truancy, prostitution, delinquency, and psychosomatic disorders) and to the need for combined constructive work on all fronts."—From Announcement.

*552. COMMUNITY RESEARCH ASSOCIATES, INC. *A special study of family relationships.* Reported (In) Public Affairs Pamphlets, No. 194, "Let's Work Together in Community Service" by Eloise Walton.

"Community Research Associates, Inc., whose main headquarters are at 58 Park Avenue, New York City, is a nonprofit organization devoted to making surveys for local and State governments, foundations, community chests, etc., and to conducting social research. Continuation of its research and studies, begun in St. Paul, is now assured by a further appropriation from the Grant Foundation. A special study of family relationships has recently been announced. This new, 4-year study will be financed by a grant from the Louis W. and Maud Hill Family Foundation. It will test the findings of a pilot study of 100 of the badly disorganized families which seem to fit into 10 patterns of repeated failures. One of the questions to be answered is whether these patterns will be applicable to families in higher economic and cultural positions as well as those among the "Six Percenters." P. 28.

553. COUNCIL OF STATE GOVERNMENTS. *The mental health programs of the 48 States; a report to the Governors' Conference; a study of the organization, administration, and operation of State programs for the care and treatment of the mentally ill.* Chicago, Ill.: The Council of State Governments, 1950. Pp. 377.

This official survey covers history and present status of the problems of State hospitals and institutes, including legal and administrative aspects, finance, plant and equipment, personnel, care and treatment, coordination of mental health programs, and research. The use of psychologists in hospitals is surveyed. Forty recommendations preface the report, one of which encourages State hospitals to provide field training for clinical psychologists and other personnel. W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, August 1951, Vol. 25, No. 8, Item 5398.

554. COUNCIL OF STATE GOVERNMENTS. *Training and research in State Mental Health Programs—A report to the Governors' Conference.* Chicago, Ill.: The Council of State Governments, 1953. Pp. 350.

This report includes: (1) A survey of methods of training personnel and conducting research into the causes, prevention and cure of mental disease; (2) an investigation of the possibility of setting up in less populous areas regional mental health bodies which could pool the training resources and research of a number of States in a common fight against mental illness; and (3) an inquiry into the possibility of some overall mechanism whereby the States could plan and coordinate their research and training programs toward a mutual goal of preventing mental illness and reducing the population of mental institutions.

555. DEIGNAN, STELLA LECHE, AND MILLER, ESTHER. *The support of research in medical and allied fields for the period 1946 through 1951.* Science, March 28, 1952, Vol. 115, No. 2987.

This report was prepared by the Medical Sciences Information Exchange, Division of Medical Sciences, National Research Council, Washington, D. C. "This report, comprising an analysis of 12,923 research grants registered with the Medical Sciences Information Exchange during the period 1946-51, is based on research grants and contracts awarded by the Government and by the larger public and private foundations."

556. DE SCHWEINITZ, ELIZABETH McCORD, AND TOWNSEND, ROBERTA E. *A study of psychiatric facilities for children in Philadelphia, Montgomery and Delaware Counties.* 311 South Juniper Street, Philadelphia 7, Pa.: The Mental Health Committee, Health Division, Health and Welfare Council, Inc., December 1951.

557. GARDNER, GEORGE E. *Appraising the contribution of the mental hygiene clinic to its community. I. (In) Psychiatric treatment, training and research.* Amer. J. Orthopsychiat., 1951, Vol. 21, pp. 74-82.

We fear that the community mental hygiene clinic may fail to make the maximum contribution to the mental health of the community. The danger of isolation of our clinics can occur through the tremendous pressures for increased service and treatment, increased expanded training programs, and the demands that the clinic shall turn out a creditable amount of research. There must be a determination on the part of the clinic staff that each of its functions will be carried out as adequately as possible without detriment to the overall community relationship.—R. E. Perl. Abstract (In) Psychol. Abstracts, December 1951, Vol. 25, No. 12, Item 8061.

558. GREENWOOD, ERNEST, AND MASSARIK, FRED. *Some methodological problems in social work research.* Am. sociol. Rev., August 1950, Vol. 15, No. 4.

559. HECKMAN, A. A. *Measuring the effectiveness of agency services.* J. soc. Casewk, December 1948, Vol. 29, pp. 394-399.

*560. HUME, PORTIA BELL. *A method of estimating the dollar value of clinics.* Sacramento, Calif.: State Department of Mental Hygiene. Unpublished report, 1953.

Mimeographed suggested plan for evaluating, in terms of dollar values, the role of the clinic in treating psychotic patients.

561. LEE, PORTER R., AND KENWORTHY, MARION E. *Mental hygiene and social work.* New York: Commonwealth Fund, Division of Publications, 1929. Pp. 309.

A report of the work and results of the operation of the Bureau of Children's Guidance and the Department of Mental Hygiene at the New York School of Social Work during the period of 5½ years covered by the Commonwealth Fund program.

562. LOUISIANA YOUTH COMMISSION AND SCHOOL OF SOCIAL WELFARE. *Louisiana State Colony and Training School—A study of the waiting list with recommendations.* Baton Rouge, La.: Louisiana State University, 1953. Pp. 73.

An analysis of the Colony's (for mental defectives) waiting list, i. e., patients for whom application for admission to the institution has been made, but have not been accepted for care. Recommendations as to future needs and policies are made.

563. MINDUS, ERLAND. *Industrial psychiatry in Great Britain, the United States and Canada.* Stockholm, Sweden: University of Stockholm, Institute of Applied Psychology, 1953. Pp. 103.

"The first part of the plan has been to find out to what extent industrial psychiatry exists, how it is organized and how the cooperation is between the industrial medicine divisions, management, labor unions and the psychiatrist. The plan included finding out if the Human Relations training programs in industry consider mental health problems and if industrial medical officers and psychiatrists take part in this training. A second part of the plan was to find out what type of training is given to undergraduate and graduate students in industrial medicine and public health concerning mental health programs. A hope was to find special training programs for industrial psychiatrists. The third part of my studies was concerned with collecting data from research on mental health in psychiatric, psychological, sociological and industrial relations departments which could be applied to industrial conditions, especially in Sweden." P. 1.

*564. MYERS, ROBERT C. *Surveys of the Diagnostic Center (Menlo Park, N. J.), the three State hospitals of New Jersey, and the Youngstown (Ohio) Receiving Hospital.* Trenton, N. J.: New Jersey State Department of Institutions and Agencies. Unpublished report, 1952.

Dr. Myers, Sociologist of the New Jersey State Department of Institutions, made these surveys while on loan to the New Jersey Association of Mental

Health, in order to establish a base line from which to measure progress that might be instigated or observed by the State Association.

565. NATIONAL INSTITUTE OF MENTAL HEALTH. *Proceedings of the Second Conference of Mental Hospital Administrators and Statisticians, Washington, D. C., February 25-27, 1952.* Washington, D. C.: Federal Security Agency, Public Health Service Publication No. 266, 1953. Pp. 78. Government Printing Office.

The discussion deals with the problem of securing comparable statistics from States on mental hospital patients. The Biometrics Branch of the National Institute of Mental Health has been working on this problem for some time. Conferees represented 11 States which are members of a Model Reporting Area for mental hospital statistics. The Appendix has several special studies including a discussion of a pilot study on clinic records and forms carried on through the Prince Georges County Mental Health Clinic of the Public Health Service—Appendix L.

566. NATIONAL INSTITUTE OF MENTAL HEALTH. *Proceedings of the Third Conference of Mental Hospital Administrators and Statisticians, Washington, D. C., April 15-17, 1953.* Bethesda, Md.: National Institute of Mental Health. Mimeographed report, 1953. Pp. 251.

Purpose was to discuss developments in the field of mental hospital statistics since the Conference of a year ago and to explore methods of obtaining more adequate data on the mentally ill in hospitals and outpatient clinics. The Appendix includes several special studies as well as the proposed annual statistical report of outpatient psychiatric clinics.

567. PHELAN, WARREN P. *Does good housing pay? A study of the effects of good housing upon the standard of living of the residents and upon the degree of social participation.* Cleveland, Ohio: A Master's Thesis in the School of Applied Social Sciences of Western Reserve University in cooperation with the Cleveland Metropolitan Housing Authority.

*568. PSYCHIATRIC CLINICS COMMITTEE OF THE HEALTH COUNCIL OF THE WELFARE COUNCIL OF METROPOLITAN CHICAGO. *An evaluation of Clinic intake policy in relation to needs and the long waiting lists.* Chicago, Ill.: Welfare Council of Metropolitan Chicago. Study in planning stage, 1952.

569. STOUFFER, SAMUEL A., ET AL. *The American soldier: adjustment during army life.* (Studies in social psychology in World War II, Vol. 1.) Princeton, N. J.: Princeton University Press, 1949. Pp. 599.

Based on the work of the Research Branch of the Information and Education Division of the War Department, this volume describes studies of soldiers' attitudes as related to their general problems of personal adjustment in the institutionalized life of the Army. Titles of the 10 chapters are (1) how these volumes

came to be produced, (2) the old Army and the new, (3) how personal adjustment varied in the Army—preliminary considerations, (4) how personal adjustment varied in the Army—by background characteristics, (5) how personal adjustment varied in the Army—by type of experience in the Army, (6) social mobility in the Army, (7) job assignment and job satisfaction, (8) attitudes toward leadership and social control, (9) the orientation of soldiers toward the war, and (10) Negro soldiers.—N. L. Gage. Abstract (In) *Psychol. Abstracts*, February 1950, Vol. 24, No. 2, Item 790.

570. STOUFFER, SAMUEL A., ET AL. *The American soldier: combat and its aftermath.* (Studies in social psychology in World War II, Vol. 2.) Princeton, N. J.: Princeton University Press, 1949. Pp. 675.

This second volume in the report of studies made by the Research Branch of the Information and Education Division of the War Department contains 13 chapters entitled (1) attitudes before combat and behavior in combat, (2) general characteristics of ground combat, (3) combat motivations among ground troops, (4) problems related to the control of fear in combat, (5) the combat replacement, (6) attitudes of ground combat troops toward rear echelons and the home front, (7) morale attitudes of combat flying personnel in the Air Corps, (8) objective factors related to morale attitudes in the aerial combat situation, (9) psychoneurotic symptoms in the Army, (10) problems of rotation and reconversion, (11) the point system for redeployment and discharge, (12) the aftermath of hostilities, and (13) the soldier becomes a veteran. An appendix gives the survey designation, location, date, principal topics and approximate sample size of the surveys conducted by the Research Branch and its overseas counterparts. The index is for Volume 1 as well as this volume of the series.—N. L. Gage. Abstract (In) *Psychol. Abstracts*, February 1950, Vol. 24, No. 2, Item 791.

571. ULLMANN, CHARLES A. *The socially maladjusted—A review of recent research in the areas of social and emotional maladjustment.* (In) Samuel A. Kirk (Chm.): *The education of exceptional children.* Rev. *educ. Research*, Dec. 1953, Vol. 23, No. 5, pp. 431-451.

Purpose of this report is to present an integrated picture of current knowledge in this field; and to highlight areas of needed research.

*572. WALTON, RALPH E. *Michigan evaluation study of child guidance clinics.* Lansing, Mich.: Michigan Department of Mental Health, Research Section. Study in progress, 1952.

The Michigan study will be centered in five clinics which were quite stable in staff and had complete clinic teams for 5 years. They are the ones at Grand Rapids, Kalamazoo, Lansing, Muskegon and Saginaw. Followup was considered as including use of rating form, questionnaire, and possibly home visit. Completion of the evaluation was estimated as requiring from 1½ to 2 years.

573. WITMER, HELEN. *A research program for the Children's Bureau.* U. S. Department of Health, Education, and Welfare, Social Security Admin.

istration, Children's Bureau, 1953. Pp. 44. Washington, D. C.: Government Printing Office.

(See also Nos. 441, *922, *973.)

Professional Personnel

574. AMERICAN COUNCIL ON EDUCATION. STAFF OF THE DIVISION ON CHILD DEVELOPMENT AND TEACHER PERSONNEL. *Helping teachers understand children.* Washington, D. C., 1945.

Emphasis placed on inservice training of teachers through recording of observations. Consultants from commission staff who served the school system in connection with its program of child study were Fritz Redl, Caroline M. Tryon, Psychol., University of Chicago, Asst. Prof. of Educ., and Daniel A. Prescott, Psychol., Institute for Child Study, University of Maryland, College Park, Md.

575. AMERICAN PSYCHIATRIC ASSOCIATION. *Psychiatry and medical education—Report of the 1951 Conference on psychiatric education held at Cornell University, Ithaca, N. Y., June 21–27, 1951.* Washington, D. C.: American Psychiatric Association, 1952. Pp. 164.

This conference was organized and conducted by the American Psychiatric Association and the Association of American Medical Colleges. The purposes was to discuss the role of psychiatry in undergraduate medical education, to prepare the medical student to deal intelligently and skillfully with patients as persons, and to provide him with the basic knowledge of psychological and social problems and resources in relation to health and disease.

576. AMERICAN PSYCHOLOGICAL ASSOCIATION, VICTOR C. RAIMY (Ed.). CONFERENCE ON GRADUATE EDUCATION IN CLINICAL PSYCHOLOGY, BOULDER, COLO. *Training in clinical psychology.* New York: Prentice-Hall, 1950. Pp. 253.

Between August 20 and September 3, 1949, 71 persons from university departments, clinics, hospitals, government agencies, and professions related to clinical psychology met in a conference at Boulder, Colo., to discuss problems of training in clinical psychology. The conference was sponsored by the APA under a grant from the National Institute of Mental Health. The editor has arranged the records (stenographic and tape) of the conference sessions, reports of sub-committees, formal resolutions adopted, and post-conference comments into a connected discourse arranged by topics rather than chronologically as minutes. The major topics treated include: The role and methods, ethics, student selection and evaluation, and relations with other professions. There is an introduction, "Mental health and clinical psychologists," by Robert H. Felix. Sixty-three-item bibliography.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, July 1951, Vol. 25, No. 7, Item 4193.

577. BAKER, PAUL C., AND REMMERS, HERMANN H. *The measurement of teacher characteristics and the prediction of teaching efficiency in college.* Rev. educ. Res., 1952, Vol. 22, pp. 224-227.

Although there are but few real researches on the evaluation of college teaching, numerous papers in recent years have pointed up the need for research or have criticized what has been done. Many of the 27 bibliographical references, dated 1949-51, mentioned in this article deal with the rating of teacher effectiveness by the students. The conclusion is that "there have been a few feeble attacks on relatively unimportant facets of the problem of instructor characteristics and the prediction of teaching efficiency on the college level."—W. W. Brickman. Abstract (In) Psychol. Abstracts, November 1953, Vol. 27, No. 11, Item 8044.

578. BERNARD, HAROLD W. *Mental hygiene for classroom teachers.* New York: McGraw-Hill, 1952. Pp. 472.

The importance of the school in the development of mental health, and the significance of the teacher in this influence, are the major emphases in this text. The 5 chapters of part I present the general problem of mental hygiene. In part II, 12 chapters discuss mental hygiene aspects of classroom procedures and practices. Art, writing, and drama and play as mental hygiene activities are considered in 3 chapters of part III, with a final chapter on limitations and precautions of mental hygiene. The final part IV includes 3 chapters dealing with the teacher's mental health.—C. M. Louitt. Abstract (In) Psychol. Abstracts, September 1953, Vol. 27, No. 9, Item 6771.

*579. BETTELHEIM, BRUNO. *Therapeutic effect of improvement in staff selection, training and administration in psychiatric institutions for children.* Chicago, Ill.: University of Chicago, Sonia Shankman Orthogenic School. Study in progress, 1952. NIMH grant.

A study relating to improvement of methods of caring for and treating psychiatrically disturbed children in institutions by means of improvement in selection of specialized staff required.

*580. BIBER, BARBARA. *Development of methods for selecting psychologically qualified candidates for teacher training.* New York City: Bank Street College of Education. Study in progress, 1952. NIMH grant.

The development and evaluation of a test to aid in selecting individuals who are psychologically as well as educationally qualified to teach children.

*581. COHEN, ROBERT A. *Effects of reorganization of mental hospital ward administration on recovery of patients.* Washington, D. C.: Washington School of Psychiatry. Study in progress 1952. NIMH grant.

A study to analyze ward organization and staff-patient relationships as they affect recovery of hospitalized mentally ill patients.

*582. CRAWFORD, RONALD E. *The relationship between the personality of the elementary school teacher and changes which occur in the personalities of his pupils during the school year.* New York City: New York Uni-

versity. Ph.D. dissertation in preparation 1952. Mr. Crawford is school psychologist at Peekskill, N. Y.

583. EATON, JOSEPH W., AND WEIL, ROBERT J. *Psychotherapeutic principles in social research; an interdisciplinary study of the Hutterites*. Psychiatry, 1951, Vol. 14, pp. 439-454.

A project is described in which psychiatrists and social scientists lived and worked together in a study of the mental health of Hutterites. How obstacles inherent in their methods were broken down and an interdisciplinary approach was evolved is recounted.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 3958.

584. EPHRON, BEULAH KANTER. *Emotional difficulties in reading—A psychological approach to study problems*. New York: Julian Press, Inc., 1953. Pp. 289.

This book "relates the reading problem as first presented to the underlying emotional factors involved in many of the cases with which she has worked. In the detailed reports of first interviews on which she brings to bear her psychological and psychoanalytic insights, she clarifies the complex causation of reading problems. * * * In counselor training, as well as in the preparation of reading specialists, this casebook of counseling adapted to the needs of each individual will be invaluable. To teachers, administrators and other professional persons, the book will give a deeper understanding of the dynamics of behavior."—Foreword, p. xi.

585. FOURTH INTERNATIONAL CONGRESS ON MENTAL HEALTH. *Proceedings of—Report of Working Group C; Mental health and the selection and training of teachers. Mexico City, December 19, 1951*. New York: Columbia University Press, 1952.

A brief report from working Group C of the Fourth Congress, Mexico City, reflecting its concern with the mental health aspects in a program of selection and preparation of teachers. Suggestions are given regarding possible criteria, selection devices, training procedures, associated counseling services, and other matters relative to improving the mental health and personality wholesomeness of teachers.—W. Coleman. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 7245.

586. GAIER, EUGENE L., AND JONES, STEWART. *Do teachers understand classroom behaviors?* *Understanding the Child*, 1951, Vol. 20, pp. 204-210.

From a questionnaire administered to 96 students in a graduate mental hygiene course in education at the University of Illinois, the authors obtained a list of classroom behaviors deemed by the group as mental hygiene problems. Considered most important were behaviors that (1) disturbed the class and other students, (2) denoted attitudinal inadequacies, (3) interfered with physical, social, or emotional growth of the pupil. The authors regard these as being a trend away from E. K. Wickman's findings, but they also point out that there remains, "both

inadequate understandings of child behavior, and of the reasons for the seriousness of certain types of behavior problems."—W. Coleman. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5841.

587. GINSBURG, ETHEL L. *Public health is people—An institute on mental health in public health*. New York: Commonwealth Fund, 1950. Pp. 241.

The report has a threefold purpose: To help public health workers understand that the local health department is potentially one of the most significant agencies in the community for the promotion of mental health; to offer leads and suggestions to those who may wish to incorporate mental health concepts in staff development programs; and to reaffirm the conviction that training of this kind should be available to students in all professional schools concerned with the preparation of practitioners in health and welfare.—G. Rubin-Rabson. Abstract (In) *Psychol. Abstracts*, November 1950, Vol. 24, No. 11, Item 5839.

*588. GREENHILL, MAURICE H.; FITZPATRICK, WILLIAM N.; AND BERBLINGER, KLAUS W. *Recent developments in the teaching of comprehensive medicine*. *North Carolina Med. J.*, November 1950, Vol. 11, No. 11, pp. 615-619.

A preliminary report and discussion of an experiment in teaching. Three major problems are being investigated: (1) The validity of infiltrating the comprehensive medical approach into the routine medical practice of a teaching hospital; and (2) the methods of highest validity in instructing in this approach; and (3) process of promoting motivation for community mental health. Results to date are presented.

*589. HARLINGEN PUBLIC SCHOOLS AND (TEXAS) STATE COMMITTEE ON INTEGRATION OF COUNSELING, SCHOOL NURSING, AND VISITING TEACHERS. *The teamwork project with special service staff-counselor, school nurse, and visiting teacher; a progress report of the Harlingen project after six months' operation 1950-1951*. 406 East Fifth Street, Austin, Tex.: State Committee on Integration of Counseling, School Nursing, and Visiting Teachers. Charles F. Mitchell, Executive Secretary. Progress report, fall 1951. Pp. 85.

590. INTERNATIONAL CONGRESS ON MENTAL HEALTH. *Mental health and the selection and training of teachers*. *Understanding the Child*. 1952, Vol. 21, pp. 49-50.

A brief report from working Group C of the Fourth Congress, Mexico City, reflecting its concern with the mental health aspects in a program of selection and preparation of teachers. Suggestions are given regarding possible criteria, selection devices, training procedures, associated counseling services, and other matters relative to improving the mental health and personality wholesomeness of teachers.—W. Coleman. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 7245.

591. KELTNER, JOHN, AND SEMINAR MEMBERS. *A report on the process and organization of the Mental Health Workshop, "The Teacher and the Road to Mental Health," July 6-17, 1953.* Norman, Okla.: University of Oklahoma.

This unpublished report was prepared and organized by the Seminar in Discussion and Conference Leadership, under the supervision of John Keltner, Associate Professor of Speech, University of Oklahoma, Norman, Okla. "The purpose of the evaluation team was to discover the (a) characteristics of the process, (b) points of stress and strain, (c) the strengths and weaknesses of the conference in procedural matters, (d) and to prepare a general report for the sponsoring agencies which would be somewhat more valid than the 'Monday morning quarterback' type of study." P. 4.

592. KNIGHT, JAMES, AND HOLDSWORTH, WILLIE. *Teacher education through child study.* Childh. Educ., May 1950, Vol. 26, pp. 421-424.

Program of teacher education carried on in several Texas Schools for 9 years, based on the Daniel Prescott program of "Helping Teachers Understand Children." Evaluation is essentially limited to testimonials of teachers. "A principal who kept a record for 2 years reported, 'I have found that the number of pupils sent to my office for disciplinary reasons decreases with the number of years the teacher has participated in the inservice education program.'"—G. H. Johnson. Abstract (In) Psychol. Abstracts, April 1951, Vol. 25, No. 4, Item 2678.

593. LEVINE, MAURICE. *The practical value of psychiatric information.* Cincinn. J. Med., 1947, Vol. 28, pp. 1-6.

An objective examination of 25 questions concerning general information in the field of psychiatry is presented for the physician and allied scientist. Answers and explanations of each question follows. A list of 10 comprehensive books in psychiatry is given for those who fall below a critical score.—G. W. Knox. Abstract (In) Psychol. Abstracts, March 1948, Vol. 22, No. 3, Item 1207.

*594. LEVINSON, DANIEL J., AND GREENBLATT, MILTON. *Relation between personality and performance in mental hospital personnel.* Cambridge, Mass.: Harvard University. Study in progress, 1953. NIMH grant.

595. MARGOLIN, REUBEN. *Evaluation of the first three institutes for educators.* Ment. Hyg., July 1953, Vol. 37, No. 3, pp. 394-424.

These institutes were sponsored by the Massachusetts Association for Mental Health. Some important points discussed in this paper relate to many of the unsettled questions inherent in institutes of the group process type, such as determination of areas for discussion, grouping of applicants, and evaluative procedures.

596. MILLER, ALAN D. *The institute of interpersonal relations in public health.* Ment. Hyg., January 1954, Vol. 38, No. 1, pp. 85-106.

This study was an attempt to explore some of the methodological problems involved in one type of evaluation—i. e., the questionnaire. The institute studied

was that sponsored by the American Public Health Association prior to its annual meeting in St. Louis, October 28-31, 1950. The title was "Institute on Interpersonal Relationships in Public Health."

597. MURPHY, HARRY C.; DILGARD, VICTOR W.; AND BOWERS, SCOTT T. *Some personality components pertinent to the selection of ward attendants for State hospitals.* Columbus, Ohio: Ohio Department of Public Welfare, Psychological Services. Professional Notes, No. 10, April 10, 1952. Unpublished report. Pp. 12.

This project at Dayton State Hospital was intended as a pilot study (1) to identify some of those personality components characteristic of successful ward attendants in contrast to those considered not successful and (2) to determine the possibilities and potentialities of the use of selected psychological tests as aids in the selection of individuals possessing those qualities necessary for success as psychiatric aides or attendants.

598. NATIONAL TRAINING LABORATORY IN GROUP DEVELOPMENT. *Explorations in human relations training—An assessment of experience 1947-1953.* 1201 16th Street NW., Washington, D. C.: National Training Laboratory in Group Development, 1953. Pp. 100.

This report, covering the first 6 years of the Laboratory's existence, describes the training activities, reports the research and consultation projects, and discusses much of the training theory underlying the Laboratory. It should be of help to those persons concerned with problems of small group operation and of training in human relations.

599. OFFICE OF EDUCATION AND NATIONAL INSTITUTE OF MENTAL HEALTH. *Report of the conference on mental health in schools and teacher education institutions, April 11 and 12, 1949.* Washington, D. C.: Federal Security Agency, 1949. Pp. 69.

Purpose of the Conference was to outline (1) mental health needs of schools; (2) priorities of these needs; and (3) steps to be taken to meet these needs. Pilot projects in schools and teacher education institutions have been described and discussed. Evaluation problems have been considered and recommendations made concerning needs.

600. OLSON, WILLARD C. (CHM). *Proceedings of the conference on human relations and human development.* Ann Arbor, Mich.: School of Education, University of Michigan, 1953.

The major objective of the conference was to provide an opportunity for the sharing of the studies, thoughts, and feelings uppermost in the minds of the conferees on what is needed for advancement of the behavioral sciences with special reference to the improvement of the environment for children through the education of teachers. A special concern was the impact of operations on the mental health of children. A second objective was for the conference to yield a series of statements of the concepts that would be provocative of further

discussion, thinking, organization research, and application in the various institutions represented.

601. ORLEANS, JACOB S. *Selection, guidance, and preservice preparation of students for college teaching.* Rev. educ. Res., 1952, Vol. 22, pp. 228-232.

A review of 31 writings, published between 1949 and 1951, reveals the lack of research studies "of consequence" on the methods of selecting and training college teachers. On the other hand, there is a greater awareness in the literature of the necessity of providing programs of professional education for prospective instructors in the colleges and universities. The references discussed in the article are concerned with the supply and demand, selection, and pre-service training and guidance of college instructors.—W. W. Brickman. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 8053.

602. "OUR LADY OF PEACE" HOSPITAL. *Evaluation of ward practice for advanced clinical students.* Louisville, Ky.: "Our Lady of Peace" Hospital. Rating Scale, 1953.

This is a rating scale for use with advanced clinical students in nursing practice. A 5-point scale on 12 abilities.

603. RATHS, LOUIS E. *Emotional needs and teacher training.* J. educ. Psychol., 1951, Vol. 24, No. 7.

A few studies are briefly reported upon and others referred to in this issue. Dr. Raths is Director, Center for Research and Evaluation, School of Education, New York University. Reprints of above available from the Payne Educational Sociology Foundation, 157 West 13th Street, New York 11, N. Y.

604. REDL, FRITZ, AND WATTENBERG, WILLIAM W. *Mental hygiene in teaching.* New York: Harcourt, Brace & Co., 1951. Pp. 454.

"* * * Its main purpose is to bring to teachers some basic principles of mental hygiene as these relate to the work of guiding young people in schools. By translating these understandings into practice, teachers will strengthen children psychologically, and thus increase their chances of becoming happy and effective adults * * *." P. 9—Foreword.

*605. ROBINSON, ALICE M. *Therapeutic role of the nurse in a public mental hospital.* Boston, Mass.: Boston State Hospital. Study in progress, 1953. NIMH grant.

606. RYANS DAVID G. (CHM.), ET AL. *Report of the Committee on the criteria of teacher effectiveness.* Rev. educ. Res., 1952, Vol. 22, pp. 238-263.

This report, prepared by a group of seven under the chairmanship of H. H. Remmers of Purdue University, analyzes the various characteristics a teacher should have and the procedures for determining what makes a good teacher. After a résumé of its history, the committee discusses the scope of its inquiry ("teacher effectiveness rather than teaching effectiveness") and defines the basic terminology. Much attention is given to the categories of effect—on the pupil, school opera-

tions, and the school-community relationship. There are suggestions for the design of experiments and for the analysis of data in the area of teacher effectiveness. The report concludes with a brief minority statement by one member of the committee.—W. W. Brickman. *Abstract (In) Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 8055.

607. SOUTHERN REGIONAL EDUCATION BOARD. *Toward a regional program of psychological research and training in the South*. Atlanta, Ga.: Southern Regional Education Board, 1953. Pp. 97.

"This collection of documents growing out of the January conference and several subsequent meetings will be of particular interest to the 500 psychologists who live and work in the Southern States. But it will be of interest also to any psychologist anywhere who is concerned with the healthy development of his profession. * * *"—Foreword.

608. STRANG, RUTH M. *The role of the teacher in personnel work*. New York: Bureau of Publications, Teachers College, Columbia University. Fourth Ed. 1953. Pp. 491.

*609. TARJAN, GEORGE, AND SHOTWELL, ANNA M. *Selection and evaluation methods for psychiatric aides in an institution for mental defectives*. Spadra, Calif.: Pacific Colony. Study in progress, 1953. NIMH grant.

610. WICKMAN, E. K. *Children's behavior and teacher's attitudes*. New York: Commonwealth Fund, 1928.

In this early study it was found that school teachers in the school systems surveyed, were more concerned about overt violations of classroom routine than with fundamental behavior problems.

611. ZACHARY, CAROLINE B. *Mental hygiene in a teacher-training program*. Childh. Educ., April 1931, Vol. 7, No. 8, pp. 400-404.

Consideration is given to the following questions: Why should mental hygiene be a part of a teacher-training program? What changes in a teacher-training curriculum are involved? What relation should the mental hygiene program have to the teacher's own problems? What are the values of a demonstration child guidance department in a teacher-training institution?

(See also Nos. 482, 554, 563.)

Education and Information

*612. ANDREW, GWEN, AND MIDDLEWOOD, ESTHER L. *The goals of mental health education commonly selected by a group of experts*. Ment. Hyg., October 1953, Vol. 37, No. 4, pp. 596-605.

This report is the first of a projected series, involving evaluations of procedures in mental health education in the Michigan Department of Mental Health, Lansing, Mich. It became obvious that a major problem involved in evaluative studies was the suspected variability and lack of integration of the objectives of

the many professionals working in the field. In trying to determine basic goals a questionnaire was sent to a selected group of 86 professional people, including not only mental health educators, but also practicing clinicians and those producing materials.

*613. ASSOCIATED PUBLIC SCHOOL SYSTEMS. *National survey of public school systems in 200 principal cities and towns.* New York City: Columbia University, Institute of Administrative Research of Teachers College, Associated Public School Systems. Study in progress, 1953.

This national survey has been initiated by Associated Public School Systems which is an affiliate of the Institute of Administrative Research. While this is not a mental health study *per se*, according to the authors it is an attempt for the first time to evaluate the quality of education in its broadest sense, and in relation to total community resources and attitudes.

*614. BRUCH, HILDE. *Influence of parent education on child rearing.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.–Oct. 1952), 1953. Item 186B, pp. 112–113.

Interviews, observations in private practice, child guidance clinics, and agencies dealing with behavior problems in children. Preliminary findings suggest disturbances due to inconsistencies. College of Physicians and Surgeons, Columbia Presbyterian Medical Center, New York City.

*615. CHANCE, ERIKA. *Impact of child guidance treatment on the family.* Philadelphia, Pa.: Child Study Center, University of Pennsylvania. Study in progress, 1954. NIMH grant.

616. CHASE, STUART. *Roads to agreement—Successful methods in the science of human relations.* New York: Harper and Bros., 1951. Pp. 250.

617. COLEMAN, JULES V. *Mental health education and community psychiatry.* Am. J. of Orthopsychiat., April 1953, Vol. 23, No. 2, pp. 265–270.

Presented at the 1952 Annual Meeting in a session on "A Critical Appraisal of Mental Health Education."

618. CROWE, MARIANNE V. *A mental health approach to leadership training.* Understanding the Child, April 1953, Vol. 22, No. 2, pp. 46–49.

Mrs. Crowe is Director of Parent Education in the Mental Hygiene Institute, Montreal, Canada. She describes their leadership training program in parent education, and discusses findings of their evaluation of the effectiveness.

619. DELP, HAROLD A., AND LORENZ, MARCELLA. *Followup of 84 public school special class pupils with I. Q.'s below 50.* Amer. J. ment. Def., 1953, Vol. 58, pp. 175–182.

The results of a followup of low-grade mental defectives who had had the benefits of special education at one time are reported. The implications for

special education and research are indicated.—V. M. Staudt. Abstract (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 2855.

*620. DERRYBERRY, MAYHEW. *Improving programs of health education through research and evaluation—Working paper for the Expert Committee on Health Education of the Public, World Health Organization*. Geneva, Switzerland: World Health Organization. Report in progress, 1953.

621. FLEMING, ROBERT S. *An exploratory study of the effects of an inservice education program on children with symptoms of psychosomatic illness*. Knoxville, Tenn.: College of Education, University of Tennessee. Unpublished thesis.

622. GREEN, SIDNEY F., AND ROTHERNBERG, A. B. *A manual of first aid for mental health*. New York: Julian Press, Inc., 1953. Pp. 278.

623. GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. Committee on Preventive Psychiatry. *Promotion of mental health in the primary and secondary schools; an evaluation of four projects*. GAP Rep., No. 18, 1951. Pp. 15.

Because of the importance of early life experiences in mental health development, the school can play a significant mental hygiene role. Psychiatrists have something to contribute to this role. In this report the committee describes and qualitatively evaluates 4 special mental hygiene programs, viz, the Bullis project; the Force project; the work of Ojemann; and the Forest Hill Village project in cooperation with the University of Toronto. Each of these has as its objective the introduction of personality and social adjustment as a part of the regular work of the school.

*624. HARRIS, VIRGIL. *Kansas City Schools mental health project*. Kansas City, Mo.: Kansas City Public Schools. Study in progress, 1952.

Dr. Harris is director of the project—financed for a 2-year period by the Greater Kansas City Mental Health Foundation. Purpose of the project is to demonstrate the value of mental health services in a school system and to carry on research related to working with disturbed children in a school setting.

625. HEMPEL, MARTIA, AND LAIRD, MELBA. *Group discussion as a method of mental hygiene education*. Denver, Colo.: Denver Council of Social Agencies. Unpublished report of the Family and Child Welfare Committee, 1950.

A demonstration program of consultative services was inaugurated in the Junior high schools with consulting psychiatric social workers being loaned to the schools. Emphasis was placed upon bringing about closer integration of school and other social agency resources and services in the community, as well as furnishing leadership for group discussions with teachers.

626. HERTZMAN, JACK. *School mental hygiene—A public health approach*. Amer. J. Orthopsychiat., 1950, Vol. 20, pp. 529–544.

A public health mental hygiene approach in the public school system involves developing psychiatric methods and techniques for dealing with children in large masses so as to promote their optimum mental health. It has three aspects: (1) Mass screening in order to pick up individual problems; (2) developing a dynamic understanding by all the people in the school system; (3) teaching mental hygiene concepts in the school. The author describes the school mental hygiene program which was started in Cincinnati in 1941.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, May 1951, Vol. 25, No. 5, Item 3401.

627. HOBAN, CHARLES F., AND VAN ORMER, EDWARD B. *Instructional film research, 1918-50.* USN, Spec. Dev. Cent. Tech. Rep., SCD 269-7-19, 1950. Pp. 98.

“Findings of the ‘many and widely scattered investigations * * * of training through motion pictures’ over a period of 30 years are brought together as ‘guide lines’ in the practical situations of training film planning, production, and utilization, and in the planning and design of new research: 14-Page bibliography, three-page glossary.”—R. Tyson. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 644.

628. KNUTSON, ANDIE L. *Pretesting—A positive approach to evaluation.* Publ. Hlth Rep. Wash., 1952, Vol. 67, pp. 699-703.

By critical review of the planning process and objective pretesting, an evaluator can contribute to improvement of health education programs during their development. The critical review should consider the identification of needs which the program tries to achieve, agreement upon objectives, choice of method or approach, and accuracy of subject matter. Pretests determine whether or not conditions, needed to achieve program goals, are being satisfied and yield data contributory to program improvement.—C. L. Anderson. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3758.

629. LAPIERE, RICHARD T. *The sociological significance of measurable attitudes.* Amer. sociol. Rev., 1938, Vol. 3, pp. 175-182.

630. LINDGREN, HENRY CLAY. *Mental health in education...* New York: Henry Holt and Company, 1954. Chapter on “Evaluation of the School’s Mental Health Program,” pp. 497-506.

“How can we determine whether boys and girls are becoming more mature, emotionally and socially speaking: How do we know what effects we are having on their mental health?” The author answers these questions by indicating the steps to be taken, as follows: Determine what kinds of behavior we recognize as emotionally mature for various age levels of children; examine these kinds of behavior carefully in the light of community patterns of behavior and social background, in terms of individual as well as group behavior; then determine what areas of behavior are likely to be modified, changed, encouraged, or guided by the school; examine our school program to find out what we *are* doing or *should* be doing to bring about the desired forms of behavior; finally, use the data gathered

as bases for revising curricula, methods, and school programs. "We may even decide that some of our goals and objectives need modifying."

631. LINE, WILLIAM. *Mental health and education.* Ment. Hlth., London, 1950, Vol. 9, pp. 92-93.

Mental health workers are encouraged to look for universal principles in their field—principles which are independent of the culture of a particular locality or nation. In this search scientific proof must be demanded, and all of the various professions which concern themselves with better human adjustment should cooperate in supplying data pertinent to validating the universal principles.—G. E. Copple. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 402.

*632. LIPPITT, RONALD. *An experimental study of techniques for changing the group acceptance and social adjustment of maladjusted members in classroom and camp groups of children.* Ann Arbor, Mich.: University of Michigan. Study in progress 1952. NIMH grant.

The development and application of individual and group techniques to modify camp and classroom groups so as to provide greater acceptance of maladjusted members of groups of children.

*633. McGINNIES, ELLIOTT M. *The mental health film in community discussion group situations.* College Park, Md.: University of Maryland, Department of Psychology. NIMH Special Projects grant, 1953.

Reactions to films are to be recorded and analyzed and the findings made available to film users. Discussion leaders will thus be better able to select films in terms of the kind of discussion likely to result, as well as to anticipate and deal effectively with audience reactions. A second purpose is to provide a fund of data which will lead toward improvement of mental health films for community usage.

634. NATIONAL SOCIETY FOR THE STUDY OF EDUCATION. *The Forty-Ninth Yearbook—Part II, The education of exceptional children.* Chicago, Ill.: University of Chicago Press, 1950. Pp. 356.

"The purpose of the yearbook is to explain the nature of the problems with which the school and the community are confronted in connection with the education of exceptional children and to describe the procedures and special services which have been found effective in meeting the needs of exceptional children within a school system." P. 1.

635. NEUBAUER, PETER B. *The place of education and psychotherapy in mental health.* Am. J. of Orthopsychiat., April 1953, Vol. 23, No. 2, pp. 280-283.

Presented at the 1952 Annual Meeting in a session on "A Critical Appraisal of Mental Health Education." Dr. Neubauer is Director, Council Child Development Center, New York City.

636. OJEMANN, RALPH H. *The function of the secondary school in an integrated plan for education in human relations in mental health.* Bull. Nat'l Assn. Secondary School Principals, Nov. 1953, Vol. 37, pp. 82-89.

637. PERKINS, KEITH J. *Consultation service to a school by a mental health team.* Ment. Hyg., October 1953, Vol. 37, No. 4, pp. 585-595.

Report of an attempt to measure the effectiveness of consultation service to public schools by a "mental health team" from the Phoenix Mental Health Center. Five disciplines were represented on the team—psychology, clinical psychology, psychiatric social work, mental health nursing, and social science research—with the psychologist serving as the chief liaison officer between the Center and the school. Of the four types of service provided by the Center—study of individual cases, teacher discussion groups, consultation with teachers regarding individual cases, and parent discussion groups—it was the opinion of the administrative and supervisory staffs that the discussion groups with teachers had been of the most value.

638. PRESCOTT, DANIEL A. *Emotion and the educative process.* Washington, D. C.: American Council on Education, 1938. Pp. 323.

A report of the Council's committee on the relation of emotion to the educative process. The literature is reviewed under such chapter headings as: Basic affective phenomena, physiological basis of affective behavior; affective maturity; basic personality needs and conditions which frustrate them; affective behavior and contemporary social institutions and processes; the influence of affective factors upon learning; affect and education; aspects of education needing study; personnel problems in education. Further studies are suggested to indicate methods for taking greater consideration of children's affective needs. Bibliography of 180 items.—R. R. Willoughby. Abstract (In) *Psychol. Abstracts*, July 1938, Vol. 12, No. 7, Item 3734.

639. PRICE, MARY ALICE. *Teaching mental hygiene with visual demonstrations; a report on the use of visual demonstrations in the introductory course in mental hygiene at the college level.* Columbus, O.: Visual Demonstration Center, Ohio State University, 1950. Pp. 45.

This is a report on the use of demonstrations in visual perception as a teaching aid in mental hygiene courses. The visual demonstrations are assumed to increase student's participation, and make various perceptive problems a basis for thinking. Thirteen demonstrations are presented in detail. The evaluation of the project by students and staff members is also given.—A. Manoil. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 890.

640. RATHS, LOUIS E. *Evaluation in programs of intercultural education.* J. educ. Sociol., 1947, Vol. 21, pp. 25-30.

"Tensions between individuals or groups are approached by three hypotheses. First is that economic insecurity is a basic cause of discrimination and exploitation. Second is that frustration of such individual needs as love, recognition of

achievement, etc., result in one or more of aggressive behavior, submissiveness, or withdrawal. The best evaluative procedure in intercultural education is the examination of job discrimination, restrictions in property sales or college admissions, intermarriages, and the like. The third hypothesis is that our prejudices were learned as children and are preserved unless we are motivated to an examination of them. Clarification of one's own beliefs involves a scouting of the grounds that support them, and of their consequences."—H. A. Gibbard. Abstract (In) *Psychol. Abstracts*, February 1948, Vol. 22, No. 2, Item 828.

641. RATHS, LOUIS E. *What is teaching?* *Sociatry*, 1948, Vol. 2, pp. 197-207.

"Certain operations characterizing teaching as such which include (1) helping others to clarify their feelings and reactions; (2) assisting others to acquire skills by demonstration, as in the motor-perceptual types of learning; (3) contributing to the emotional security of the learner; (4) developing cultural unity from group interaction in terms of freedom and liberty; and (5) enriching community living through solving common problems."—V. Johnson. Abstract (In) *Psychol. Abstracts*, May 1950, Vol. 24, No. 5, Item 2841.

*642. REDL, FRITZ. *Effect of recreation and other activity programs on the emotional adjustment of children*. Detroit, Mich.: Wayne University School of Social Work. Study in progress, 1952. NIMH grant.

A study by observation and experiment of the effects of various games, play equipment, and recreational group structures on the impulses, frustrations, needs, and general adjustment of emotionally disturbed children.

643. RIDENOUR, NINA. *Criteria of effectiveness in mental health education*. Am. J. Orthopsychiat., April 1953, Vol. 23, No. 2, pp. 271-279.

Presented at the 1952 annual meeting in a session on "A Critical Appraisal of Mental Health Education." Dr. Ridenour is Secretary, Ittleson Family Foundation, New York City, and was formerly Director, Division of Education, National Association for Mental Health. To increase proficiency in judging the effectiveness of mental health education we must move (1) toward developing more definite criteria of validity; (2) toward more careful analysis of what people want; (3) toward a greater degree of objectivity; and (4) toward utilizing the body of knowledge derived from clinical experience and education, systematizing it, codifying it.

644. ROTH, WILLIAM F., JR., AND LUTON, FRANK H. *The mental health program in Tennessee. I. Description of the original study program. II. Statistical report of a psychiatric survey in a rural county*. Amer. J. Psychiat., 1943, Vol. 99, pp. 662-675.

A report is given on the organization, general objectives and research program of a psychiatric unit established as a part of the local public health department in Williamson County, Tennessee, a rural county of approximately 25,000 population. The case finding procedure and methods of analysis are described.

Numerous tables are presented, and a bibliography is appended.—J. E. Zerga. Abstract (In) *Psychol. Abstracts*, September 1944, Vol. 18, No. 9, Item 2823.

*645. RYAN, W. CARSON. *How people learn*. Geneva, Switzerland: World Health Organization, Expert Committee on Health Education of the Public—First Session at Paris, 7-11 December, 1953. Paper prepared for incorporating in the report now in progress.

646. SHANE, HAROLD G., AND McSWAIN, ELDRIDGE T. *Evaluation and the elementary curriculum*. New York: Holt, 1951. Pp. 477.

647. SHANE, HAROLD G. *Recent developments in elementary school evaluation*. *J. educ. Res.*, 1951, Vol. 44, pp. 491-506.

Instruments developed in recent years indicate at least five current interpretations of evaluation: Testing programs involving measurement of achievement or intelligence, appraisal of the competence of individual teachers, processes of ascertaining the quality of curriculum practices, statements of criteria for program improvement, study of changes in pupils' behavior to promote socially desirable educational goals.—M. Murphy. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 547.

648. SHEATS, PAUL H.; JAYNE, CLARENCE D.; AND SPENCE, RALPH B. *Adult education, the Community approach*. New York: Dryden Press, 1953. Pp. 449.

649. STRANG, RUTH. *Major limitations in current evaluation studies*. *Educ. psychol. Measm*, Autumn 1950, Vol. 10, Part II, pp. 531-536.

Three major limitations in evaluation studies in the field of student personnel work are cited as (1) failure to define the outcomes of personnel work concretely as desirable measurable changes in students, faculty members, groups, and community; (2) a too narrow approach instead of a comprehensive study; (3) mass rather than individual treatment of the data collected.—J. E. Horrocks. Abstract (In) *Psychol. Abstracts*, September 1951, Vol. 25, No. 9, Item 6453.

*650. SULLINGER, T. EARL, AND MARSHALL, MARY LEE. *Children's attitude toward television*. (In) Children's Bureau: Research Relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 80F, pp. 418, 419.

To determine type of programs liked best, relation to schoolwork, time spent, etc. Survey method involving 1,000 children in Omaha, Nebr. 1952. Department of Sociology, Municipal University of Omaha, Omaha, Nebr.

651. THEMAN, VIOLA. *Emerging concepts of child growth and development*. (In) Shane, Harold D.: The American Elementary School—Thirteenth Yearbook of the John Dewey Society, Chapt. IV. New York: Harper and Brothers, 1953, pp. 57-86.

Asks consideration for "an overall evaluation of the child, which includes the teacher evaluation of the pupil, self-evaluation by the individual, and parental

evaluation of the child. Such evaluations should consider both the direct effect on the child's level of aspiration and the indirect effects through the reactions of the teacher, family, and classmates. The fact that these varied factors are involved leads to the necessity for mutuality in evaluation, i. e., parents and staff must merge or perhaps reconcile divergencies in goals, values, disciplinary methods and expectancies."

652. TYSON, ROBERT. *Current mental hygiene practice—an inventory of basic teachings.* J. clin. Psychol., Monog. Suppl., January 1951, Vol. 7, No. 1. Pp. 1-94.

The article is essentially an inventory of mental hygiene directives by classified areas and frequency. There is an extensive bibliography of 228 references.

653. WARTER, JANE. *Guidance through groups.* Rev. educ. Res., 1951, Vol. 21, pp. 140-148.

"The 56 studies, covering the period 1947-50, are largely concerned with descriptions of practices in group guidance. There was little evaluation of research or experiments. Much attention was given to discussion, sociometry, psychodrama, sociodrama, role-playing; leadership; interpersonal and intergroup relations; and group therapeutic process."—W. W. Brickman. Abstract (In) Psychol. Abstracts, September 1952, Vol. 26, No. 9, Item 5576.

*654. WHITSON, MILO E. *Ten-year study of sociometric patterns.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 69E, p. 367.

To note changes in social acceptance, mutuality, and cleavage among children as they progress from kindergarten through ninth grade. Subjects—approximately 300 pupils in San Luis Obispo public schools, first tested in kindergarten and now in third grade. Duration: 1950-59. California State Polytechnic College, and San Luis Obispo Public Schools, San Luis Obispo, Calif.

*655. WILLERMAN, BEN. *A study of the adjustment and acceptance of individuals in groups.* Minneapolis, Minn.: University of Minnesota. Study in progress, 1952. NIMH grant.

A study of the adjustment and acceptance of individuals in groups and evaluation of techniques for increasing self-assurance and feelings of security through individual counseling and group therapy.

656. WORLD HEALTH ORGANIZATION—UNITED NATIONS EDUCATION, SCIENTIFIC AND CULTURAL ORGANIZATION. *Mental Hygiene in the nursery school.* Paris, France: UNESCO—Problems in Education—IX, 1953. Pp. 36.

"To UNESCO the report is part of an educational program aimed at promoting the healthy mental and social development of young children, and formed one of the preparatory reports for a European Conference on Education and the

Mental Health of Children. To WHO the report is part of a general program for the promotion of mental health. But the promotion of mental health is by no means solely the responsibility of health workers. The nursery school teacher has, after the child's own mother, the greatest opportunity in this respect and it is to help her, and those who train her, that this report has been produced."—Introduction p. 6—Report of a joint WHO-UNESCO Expert Meeting held in Paris, 17-22 September, 1952.

657. WRENN, C. GILBERT. *The evaluation of student personnel work—A critique of the "Guidance Movement."* Sch. and Soc., November 1940, Vol. 52, pp. 409-414.

Guidance, a term too widely and carelessly used, is frequently inefficient, according to evaluation studies. The latter are difficult to make because of the various personalities of students, the variety of counseling procedures, and the many factors which enter into any comprehensive criterion of adjustment. Three types of research would be possible: A survey showing how far determined needs have been met by appropriate services; experimental cross-section approach to measure the effect of certain techniques in comparison with a control group; and the developmental method which would show how permanent changes are and measure total adjustment over a long period. Ten definite suggestions are made for studies to evaluate personnel work. Such investigations must precede wise development of this field which the writer believes should be an integrated phase of the total educational program.—M. Lee. Abstract (In) *Psychol. Abstracts*, February 1941, Vol. 15, No. 2, Item 1081.

*658. YOUNG, ROBERT A. *Group and individual therapy with emotionally disturbed children in a camp setting.* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 16C, p. 141.

A study involving 8 weeks in camp with usual camp activities, and in addition, regular hours of group therapy and psychodrama under a professional staff. Subjects—approximately 35 boys, age 9 through 12, referred by social agencies, child guidance clinics, and group agencies in Greater Boston. Duration: 1949—indefinite. Judge Baker Guidance Center.

659. ZANDER, ALVIN. *The group process and human relations.* (In) Bigelow, Karl W.: *Cultural groups and human relations.* New York: Bureau of Publications, Teachers College, Columbia University, 1951, pp. 159-178.

To change others we must change our own value systems, and for permanent change, group support is important. People learn best about human relations when they find out for themselves in direct experience. Their attitudes and behavior as well as ideas are all interrelated and need modification together.—G. K. Morlan. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 861.

(See also Nos. 329, 483, *501, 504, 522, *582, 584, *589, 599, 669, *795, 822.)

Preventive Effects of Programs

660. CARR, LOWELL JULLIARD. *Organizing to reduce delinquency—The Michigan plan for better citizenship.* Ann Arbor: The Michigan Juvenile Delinquency Information Service, 1952.

661. REED, ELLERY F. *How effective are group work agencies in preventing delinquency?* Soc. Serv. Rev., September 1948, Vol. 22, pp. 340-348.

662. REED, ELLERY F. *Relation of group work and casework agencies to delinquency: A comparative study of juvenile court versus group work youths.* Cincinnati, Ohio: Research Department, The Community Chest, November 1944. Pp. 15.

663. STRILLKEN, EDWARD H. *How the Montefiore School prevents crime.* J. crim. Law Criminol., July 1935, Vol. 26, pp. 228.

Factors Influencing Individual Mental Health

*664. ABRAMSON, HAROLD A. *Psychodynamics of experimental asthma in man.* New York City: Mount Sinai Hospital. Study in progress, 1952. NIMH grant.

Study of the relationship of emotional conflicts to the production and prevention of asthma, utilizing pharmacologically active drugs, allergins and correlated psychological methods.

665. ADLER, LETA M. *The relationship of marital status to incidence of and recovery from mental illness.* Soc. Forces, 1953, Vol. 32, pp. 185-194.

*666. ALEXANDER, FRANZ, AND FRENCH, THOMAS M. *An investigation of psychogenic factors in the etiology of nonspecific ulcerative colitis.* Chicago: Chicago Institute for Psychoanalysis. Study in progress, 1952. NIMH grant.

An intensive psychoanalytic study to learn the cause and specific dynamic factors underlying commonly observed personality problems in patients with ulcerative colitis.

*667. ALEXANDER, FRANZ, AND FRENCH, THOMAS M. *Relation of psychodynamic factors to specific organic diseases.* Chicago: Institute for Psychoanalysis. Study in progress, 1953. NIMH grant.

*668. ANDERSON, JOHN E., AND HARRIS, DALE B. *The prediction of good and poor adjustment in children.* Minneapolis, Minn.: University of Minnesota. Study in progress, 1953. NIMH grant.

669. ASSOCIATION FOR SUPERVISION AND CURRICULUM DEVELOPMENT, NATIONAL EDUCATION ASSOCIATION. *Fostering mental health in our schools—1950 Yearbook.* 1201 Sixteenth Street NW., Washington 6, D. C.: Association for Supervision and Curriculum Development, National Education Association. Pp. 320.

This yearbook is primarily concerned with the healthy development of those who are often called "normal children." Part 1, "Factors Determining Development and Behavior" discusses many important facts and principles that are essential in understanding or interpreting the information that we may have, or may gather, about any individual or group. Part 2, "The Child's Motivations," presents a discussion about a most important single factor in learning—namely motivation. Part 3, "Knowing and Helping the Child," is concerned with methods which yield valid information, as opposed to biased opinion, about children and which point to specific ways to deal with the child in order to foster mental health.

*670. BARKER, ROGER G., AND WRIGHT, HERBERT F. *Midwest U. S. A. and its children*. Evanston, Ill.: Row, Peterson and Co. In press 1954.

Research describes psychological living conditions and behavior of children of a small American town with intention of increasing knowledge of conditions that contribute to mental health and illness. Duration: 1947—continuing. Department of Psychology, University of Kansas, Lawrence, Kans.; and U. S. Public Health Service.

671. BENDER, LAURETTA. *Psychopathic behavior disorders in children*. (In) Lindner, R. M., and Seliger, R. V.: *Handbook of correctional psychology*. New York: Philosophical Library, 1947. Pp. 360-377.

In 10 years over 5,000 children under 13 years of age have been under observation on the Children's Ward of the Psychiatric Division of Bellevue Hospital. Five to 10 percent of this group present a clinical picture which forms a syndrome in that (1) the causative factors in the early life of the individual are known, (2) the developmental course may be anticipated, and (3) the behavior pattern is typical and closely resembles the classical description of the so-called constitutional psychopathic personality. Psychological tests for personality show a specific patterning, and the response to various treatment programs is known. Cause of the condition is emotional deprivation in the infantile period due to a lack or serious break in the parent-child relationship. Once psychopathic behavior disorders are created, they cannot be corrected except by protective care which will aim to foster a dependent relationship. However, a good deal is known about what should be done to prevent such disorders.—M. Mercer. Abstract (In) *Psychol. Abstracts*, August 1947, Vol. 21, No. 8, Item 2604.

672. BETTLEHEIM, BRUNO. *Love is not enough—The treatment of emotionally disturbed children*. Glencoe, Ill.: Free Press, 1950. Pp. 386.

Describes the care of disturbed children at the Orthogenic School; care conceived in a psychoanalytic frame of reference. Basically the school's problem is seen as restoring security to children whose parents have been unable to maintain it. The plan of the book is to discuss the children's everyday activities; to show their therapeutic usefulness and to indicate the kinds of anxieties aroused in different children by particular activities and adults' ways of handling them.—

L. J. Stone. Abstract (In) *Psychol. Abstracts*, March 1951, Vol. 25, No. 3, Item 1844.

673. BIRD, CHARLES; MONACHESI, ELIO D.; AND BURDICK, HARVEY. *Infiltration and the attitudes of White and Negro parents and children*. *J. abnorm. soc. Psychol.*, July 1952, Vol. 47, pp. 688-699.

"In neighborhoods undergoing an infiltration of Negro citizens, white residents express markedly different racial attitudes. A small proportion of the white adults, approximately 20 percent, showed few or no antipathies toward Negroes in answering a questionnaire. A larger proportion were definitely antagonistic and resentful of what they considered infringements by Negroes upon the rights of white people. * * * Under the varied circumstances characterizing the social atmosphere of the homes of ambivalent adults, many children are not afforded a consistent and clearly evident set of evaluations of Negroes, with one result being that the white children do not closely resemble their parents in attitudes toward Negroes even though the parents share attitudes having considerable similarity.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3465.

*674. BODER, DAVID. *Psychological analysis of persons from D. P. camps*. Los Angeles, Calif.: University of California. Study in progress, 1953. NIMH grant.

675. BOVET, LUCIEN. *Psychiatric aspects of juvenile delinquency—A study on behalf of the World Health Organization as a contribution to the United Nations Programme for the prevention of crime and treatment of offenders*. Palais Des Nations, Geneva: World Hlth Org., monog. Ser., No. 1, 1951. Pp. 90.

Dr. Bovet was Consultant in Mental Health, World Health Organization. A medical, sociological, psychological as well as psychiatric review of origins, incidence, treatment, and prevention of juvenile delinquency.

676. BOWLBY, JOHN; ROBERTSON, JAMES; AND ROSENBLUTH, DINA. *A two-year-old goes to the hospital*. *Psychoanal. Stud. Child*, 1952, Vol. 7, pp. 82-94.

At age 2 years, the hospitalized child may show an intense clinging to the mother which can last for weeks, months, or years, or may show rejection of the mother as a love object which may be temporary or permanent.—D. Prager. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7664.

*677. CARNEGIE CORPORATION OF NEW YORK. *1952 Annual summaries of activities*. 522 Fifth Avenue, New York: Carnegie Corporation of New York.

"Carnegie Corporation of New York, in its 1952 annual summary of activities, reports on two projects that have special significance for public health. One is a study at Cornell University being supported jointly by the corporation and the Milbank Memorial Fund. Through a study of the social and cultural factors in the environment of the mentally ill—in other words, the environmental pressures

and tensions to which the patient has been subjected—it is hoped that a start may be made in understanding the relation between mental breakdown and social pressures. The second project by the Committee on Human Development at the University of Chicago is attempting to define more clearly the social and psychological problems peculiar to older men and women." Reported (In) Amer. J. publ. Hlth, August 1953, Vol. 43, No. 8, p. 1049.

*678. CATTELL, RAYMOND B. *The relation of hereditary and environmental circumstances to children's personality factor measures.* Urbana, Ill.: University of Illinois. Study in progress, 1952. NIMH grant.

An analysis, using the factor analysis method, of the effect of hereditary and environmental influences on 12 primary factors in children's personalities.

679. CAVAN, RUTH S., AND RANCK, KATHERINE H. *The family and the depression.* Chicago: University of Chicago Press, 1938.

Reports findings of a study of the effects of the depression on adjustment of 100 families who had prior contact with a social agency.

680. COMMITTEES OF AMERICAN PSYCHIATRIC ASSOCIATION, AMERICAN ORTHOPSYCHIATRIC ASSOCIATION, AMERICAN ASSOCIATION ON MENTAL DEFICIENCY, SOCIETY FOR RESEARCH IN PSYCHOSOMATIC MEDICINE, INTERNATIONAL LEAGUE AGAINST EPILEPSY, AND NATIONAL COMMITTEE FOR MENTAL HYGIENE. *Coordinating mental hygiene work for children—Assumptions on which program is based.* The Child, U. S. Children's Bureau, June 1949.

This paper includes a series of concept assumptions on which mental hygiene work for children is based.

681. COWEN, EMORY L. *Stress reduction and problem-solving rigidity.* J. consult. Psychol., 1952, Vol. 16, pp. 425-428.

From a large number of subjects who had been given a projective personality test, 50 were selected at random for further testing, and were assigned alternately to a "stress" group and a "praise" group. In the former group, the subjects were told that their projective test records had certain "questionable features," while in the latter group the subjects were told their records were "outstandingly good." All subjects were then given the "water-jar test of problem-solving rigidity." Significantly fewer rigid solutions were given by the praised group. The reduction of rigid behavior on the part of this group was attributed to the reassurance they received when praised for their test performance. Implications of these and other findings for psychotherapy and research are pointed out.—F. Costin. Abstract (In) Psychol. Abstracts, Jan.-Feb. 1954, Vol. 28, Nos. 1-2, Item 550.

682. DESPERT, J. LOUISE. *Children of divorce.* Garden City, N. Y.: Doubleday and Co., Inc., 1953. Pp. 282.

In reviewing cases of children in difficulties, the author found fewer children of divorce than are found proportionately among the general population. She concludes that, "It is not divorce, but the emotional situation in the home, with

or without divorce, that is the determining factor in a child's adjustment. * * * This factor which I came to think of as 'emotional divorce,' was always present." P. 10. "Part IV, Thoughts on the Family", is especially applicable. Pp. 241-282.

683. DOWNES, JEAN, AND SIMON, KATHERINE. *Characteristics of psychosomatic patients and their families as revealed in a general morbidity study.* Psychosom. Med., 1953, Vol. 15, No. 5, pp. 463-476.

The authors are members of the staff of the Milbank Memorial Fund, New York. "The longitudinal observations of a sample of the white families living in the original Eastern Health District of Baltimore made it possible to study both prevalence and incidence of chronic conditions in these families. The purpose of this paper is to give a description of the amount of certain mental disorders that were reported by the family informants. Emphasis is placed particularly on a description of the persons who were reported as having a psychoneurosis or chronic nervousness and a study of their families." P. 463.

684. DRAKE, ST. C., AND CAYTON, H. R. *Black metropolis.* New York: Harcourt, Brace & Co., 1945. Pp. 843.

A documented social history of the Negro people in Chicago's South Side gives the situation and the problems posed by Negro-white relations in a crowded urban area.—(Courtesy Publisher's Weekly.) Abstract (In) Psychol. Abstracts, April 1946, Vol. 20, No. 4, Item 1177.

*685. DUBIN, ROBERT. *Effects of social factors in the work situation on mental health.* Urbana, Ill.: University of Illinois. Study in progress, 1952. NIMH grant.

A study to determine the relation between mental health and the social relations of the worker in the work situation, the satisfaction he obtains from his work, and the technological division of labor.

*686. EATON, JOSEPH W. *Cultural and psychiatric factors in the mental health of the Hutterites.* Detroit, Mich.: Wayne University. Study in progress, 1952. NIMH grant.

A study of the incidence of mental illnesses among a small, deeply religious group in the Dakotas and Canada, who are thought to show fewer such disorders than the population at large. The study also aims at discovering which environmental factors are related to the occurrence of such disorders.

687. EYSENCK, H. J. *The scientific study of personality.* New York: MacMillan & Co. 1952.

688. FLESCHER, JOACHIM. *Mental health and the prevention of neurosis.* New York: Liveright, 1951. Pp. 605.

Introductory chapters on instincts and environmental influences in childhood are followed by a treatment of the more specific elements in normal psycho-instinctual development. Then a section is devoted to the abnormal expressions or deviations in the developmental processes. Following the presentation of

these patterns, the principles of mental health are set forth and practical measures toward the prevention of neurotic illnesses are presented. Among the many topics covered are: Anal eroticism, the oedipal stage, transference neurosis, character disorders, and phallic trends in women. 24-page glossary of terms; 783-item bibliography.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, May 1952, Vol. 26, No. 5, Item 2715.

*689. GAGE, N. L. *Behavior correlates of social perception*. Urbana, Ill.: University of Illinois. Study in progress, 1953. NIMH grant.

*690. GLUECK, SHELDON, AND GLUECK, ELEANOR T. *Validation of series of predictive tables presented in "Juvenile Delinquents Grown Up."* (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 46C, pp. 154-155.

To validate predictive tables presented in "Juvenile Delinquents Grown Up"—Commonwealth Fund, 1940—which dealt with forecasting continued recidivism and response of young offenders to various forms of penocorrectional treatment. Subjects—500 delinquents initially studied in "Unraveling Juvenile Delinquency."—Commonwealth Fund, 1950. Duration: 1940-56. Harvard Law School, Harvard University, Cambridge, Mass.

691. GOLDFARB, WILLIAM. *Rorschach test differences between family-reared, institution-reared, and schizophrenic children*. Amer. J. Orthopsychiat., 1949, Vol. 19, pp. 624-633.

Institution and schizophrenic groups of children are similar in a number of Rorschach trends such as deficiency of rational control, regard for reality, consistent drive for attainment, and emotional maturity. Significant differences are also evident, especially greater perseverative trends, greater productivity (R), and more positive tendency to popular response in the schizophrenic group. The differences are explained by differences in level of anxiety of the two groups. The schizophrenic responds to his handicap with profound anxiety while the institution child reacts to his personal disabilities with no anxiety.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, August 1950, Vol. 24, No. 8, Item 4147.

692. GOLDFARB, WILLIAM. *Variations in adolescent adjustment of institutionally reared children*. Amer. J. Orthopsychiat., 1947, Vol. 17, pp. 449-457.

This study of children reared in a baby institution prior to placement in foster homes, attempts to investigate factors which account for subsequent variations in adjustment. The conclusion is that most of the variation in adjustment is to be explained by the primary privation experience in the institution. The poorly adjusted child entered the institution at a significantly younger age and spent more time in the institution than did the better adjusted child.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, February 1948, Vol. 22, No. 2, Item 642.

*693. GOLDSTEIN, JACOB. *Personality of a group of young concentration camp survivors.* New York: Political and Social Science Faculty, New School for Social Research. Study in progress, 1952. NIMH grant.

To investigate the effects of concentration camp experiences on personality by means of interviews and psychological tests.

*694. GOUGH, HARRISON G. *An empirical study of the relation of personality to social adjustment.* Berkeley, Calif.: University of California. Study in progress, 1952. NIMH grant.

A study to develop valid and reliable measuring devices for such normal personality traits as social responsibility, dominance, intellectual efficiency, intolerance, etc.

695. GOUGH, HARRISON G. *Predicting social participation.* J. soc. Psychol., 1952, Vol. 35, pp. 227-243.

"The degree of social participation is one of the important aspects of the behavior of any individual. An attempt was made to develop a personality scale which would be brief, practical, and straightforward, and which would yield valid and reliable predictions of the extent of a subject's social participation. A scale was constructed which seems to possess such properties within the limits of the samples (high school seniors) studied, and certain implications of the findings for the psychological factors involved in social participation (are) discussed."—J. C. Franklin. Abstract (In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3455.

696. GOUGH, HARRISON G., AND PETERSON, DONALD R. *The identification and measurement of predispositional factors in crime and delinquency.* J. consult. Psychol., 1952, Vol. 16, pp. 207-212.

"A role-taking theory of psychopathy was applied to the practical problem of the identification and measurement of predispositional factors in crime and delinquency. An assessment device was constructed which was capable of differentiating significantly between delinquents and controls in both original and cross-validational samples. Some possibilities for additional studies were suggested, and the analysis of the 'social stimulus values' of the test instrument was conducted."—F. Costin. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5279.

*697. HAHN, PAULINE B.; GARDNER, GEORGE E.; AND WALDFOGEL, SAMUEL. *A study of school phobia in children.* Boston, Mass.: Judge Baker Guidance Center. Study in progress, 1953. NIMH grant.

*698. HARLAN, WILLIAM H. *Social psychological study of aged migrants.* Athens, Ohio: Ohio University. Study in progress, 1953. NIMH grant.

699. HARTLEY, RUTH E.; FRANK, LAWRENCE K.; AND GOLDENSON, ROBERT M. *Understanding children's play.* New York: Columbia University Press, 1952. Pp. 372.

The contents of this book is drawn from the recorded observations on some 180 children from 2 to 6 years of age and from varied cultural and national backgrounds. Chapters on the more significant and prevalent play activities include dramatic play, block play, water play, use of graphic materials, finger painting, and music and rhythm. Treatment of material is focused on the specific ways in which play, and creative and expressive activities serve as sensitive indicators of the development of the child's personality. An appendix lists suggestions for observing and interpreting play activities of young children.—S. M. Amatora. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 269.

*700. HATHAWAY, STARKE R., AND MONACHESI, ELIO D. *A longitudinal study of the development of social adjustment*. Minneapolis, Minn.: University of Minnesota. Study in progress, 1953. NIMH grant.

*701. HENRY, JULES. *Family structure and emotional disorders in children*. (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 207B, p. 122.

To study family interaction as it relates to emotional problems of children. Duration: 1948—continuing. Child Guidance Clinic and Department of Neuro-psychiatry, Washington University.

*702. HESS, ROBERT D.; ABEGGLE, JAMES; AND HANDEL, GERALD. *Transmission of psychological characteristics from parent to child*. Chicago: University of Chicago. Study in progress, 1953. NIMH grant.

*703. HILGARD, JOSEPHINE R. *Relation of schizophrenia in parents to age of children*. Palo Alto, Calif.: Stanford University. Study in progress, 1953. NIMH grant.

704. HILL, REUBEN C., ET AL. *Families under stress—Adjustment to the crises of war separation and return*. New York: Harper and Bros., 1949. Pp. 443.

One hundred thirty-five Iowa families showing crises resulting from war separation were selected from a 1 percent random sample of families with a father in military service. Study was made by means of interview, questionnaire, and tests. Most families showed only temporary disorganization following separation. Previous history of crisis was the best predictor of family behavior in a new crisis.—C. R. Adams. Abstract (In) *Psychol. Abstracts*, January 1951, Vol. 25, No. 1, Item 322.

705. HOCH, PAUL H., AND ZUBIN, JOSEPH. *Current problems in psychiatric diagnosis—The Proceedings of the 41st Annual Meeting of the American Psychopathological Association, held in Philadelphia, Pa., June 1951*. New York: Grune and Stratton, 1953. Pp. 291.

"The problems that diagnosis, etiology, prognosis, and therapy present, constitute a complex mesh of interactions which prevents any one of them from

being investigated successfully in isolation. * * * Our chief aim was to present the burning issues of the day as they relate to the topic at hand* * *. Part I deals with perspectives in diagnosis and etiology; Part II, prognosis in relation to diagnosis and etiology; Part III is the presidential address, "The Responsibility of Psychiatry" by Lawrence H. Smith; Part IV, cultural and social factors in the diagnosis and etiology of mental disorders; and Part V current trends in diagnosis and etiology.

706. HOLLINGSHEAD, AUGUST B., AND REDLICK, FREDERICK C. *Social stratification and psychiatric disorders*. Amer. sociol. Rev., April 1953, Vol. 18, No. 2, pp. 163-169.

707. INTERAGENCY CONFERENCE ON HEALTHY PERSONALITY DEVELOPMENT IN CHILDREN. *Healthy personality development in children as related to programs of the Federal Government*. New York: Josiah Macy, Jr. Foundation, 1952. Pp. 154.

Report of the Interagency Conference held in Princeton, N. J., September 21-25, 1951, under the auspices of the Josiah Macy, Jr. Foundation and the Federal Interdepartmental Committee on Children and Youth, under the co-chairmanship of Katharine F. Lenroot and Frank Fremont-Smith. Background material from the White House Conference on Children and Youth was supplied by Otto Klineberg and Erik H. Erikson. Reports conference discussions and principal findings.—A. J. Sprow. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 7084.

708. IRVINE, ELIZABETH E. *Observations on the aims and methods of childrearing in communal settlements in Israel*. Hum. Relat., 1952, Vol. 5, pp. 247-275.

The social structure of Israel has changed the parent role so markedly that one may readily investigate those aspects of psychology and psychoanalytic doctrine relating to mother-child relations in early life. The communal settlements (Kibbutzim) are organized in terms of a nonfamily unit of living and the absence of a money economy. Some of the topics dealt with concern the effects of partial segregation of children, social training, parent-child contact, infant feeding, toilet training, coeducation and sex development, factors producing changes in child-rearing methods, the child and the group, and the general nature of personality functioning. While a healthy socially responsible person is the product of this kind of rearing, it is suggested that in the areas of sexual and parental relationships basic difficulties emerge.—R. A. Littman. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3375.

709. IVES, VIRGINIA A.; GRANT, MARGUERITE Q.; AND RANZONI, JANE H. *The neurotic Rorschachs of normal adolescents*. J. gen. Psychol., 1953, Vol. 83, pp. 31-61.

*710. JACKSON, DON D. *Personality characteristics of parents of schizophrenic children*. San Francisco, Calif.: Palo Alto Medical Research Foundation. Study in progress, 1953. NIMH grant.

*711. JACKSON, EDITH B. *Mental health effects of newborn infants "rooming-in" with mothers during hospital stay.* New Haven, Conn.: Yale University. Study in progress, 1952. NIMH grant.

A study of the effects upon mother and child of having the newborn infant "room-in" with the mother for the duration of the hospital stay.

*712. JANEWAY, CHARLES A. *A study of the role of emotional factors in idiopathic celiac disease.* Boston, Mass.: The Children's Hospital. Study in progress, 1952. NIMH grant.

Psychologic and physiological studies of children with idiopathic celiac disease and psychologic studies of their mothers, with correlated effects of psychiatric treatment.

*713. JOHNSON, CHARLES S. *Sociocultural factors in child growth and development.* Nashville, Tenn.: Fisk University. Study in progress, 1953. NIMH grant.

*714. KALLMAN, FRANZ J. *Genetic factors in the aging process and in mental illness.* New York: New York State Psychiatric Institute. Study in progress, 1952. NIMH grant.

A study of the life histories of 876 pairs of twins ranging in age from 61 to 96 years, with primary emphasis on general health, emotional adjustment, intellectual performance, cholesterol metabolism, length of life, and development of a mental disorder.

*715. KLEIN, GEORGE S., ET AL. *Relation of perceptual functioning to personality.* Topeka, Kans.: The Menninger Foundation. Study in progress, 1953. NIMH grant.

716. KNIGHT, ROBERT P. *Plans for study of the epidemiology of mental disorder—Most urgent problems to be investigated.* (In) Milbank Memorial Fund: Epidemiology of mental disorder—Papers presented at a round table at the 1949 Annual Conference, November 16-17, 1949. New York: Milbank Memorial Fund 1950, pp. 111-127.

*717. KOCH, HELEN L. *The effect of age interval between siblings upon their personality and social attitudes.* Chicago: University of Chicago. Study in progress, 1952. NIMH grant.

A systematic psychological study of the effect on personality of such factors as rivalry, jealousy, and competition between children to test the many theories of the importance of these relationships.

*718. KOHN, MELVIN L., AND CLAUSEN, JOHN A. *Social factors relating to mental illness in Hagerstown and Washington County, Maryland.* Bethesda, Md.: Laboratory of Socio-environmental Studies, National Institute of Mental Health. Study in progress, 1953.

This study is essentially an analysis of the differing social backgrounds and experience of a group of functional psychotics hospitalized from the community

under study during the period 1940-52 as compared with a control group matched with the patients for age, sex, economic and cultural status well in advance of the onset of the illness. Interviews are being obtained with both patients and controls in addition to data secured from local records.

719. Koos, EARLE L. *Families in trouble*. New York: King's Crown Press, 1950.

Presents data derived from research done in the area of family troubles with families living in a low income area in New York City.

720. KURTZ, RUSSELL H. (ED.) *Social Work Yearbook 1954—A description of organized activities in social work and in related fields*. New York: American Association of Social Workers, 1954. Pp. 703.

"The present volume * * * contains two main divisions: Part 1, consisting of 72 topical articles written by authorities on the topics discussed; and Part 2, consisting of four directories of agencies whose programs are integral with or related to the subject matter of Part 1. * * * The topical articles describe organized activities or programs rather than individual programs. An attempt has been made to give an up-to-date cross section view of each field, with a minimum of historical background. Important developments occurring since the 1951 edition of the Social Work Yearbook have been emphasized."

*721. LANTIS, MARGARET L., ET AL. *Study of adult development*. Cambridge, Mass.: Department of Hygiene, Harvard University. Reported (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 7B, p. 37.

Long-term followup study of college men first studied in 1938-42. Study of children is ancillary to study of adults, i. e., investigation is made into subjects' childhood, and also into nature of their offspring, as part of whole effort. Subjects: 250 college men. Duration: 1938—indefinite.

*722. LAZARUS, RICHARD S. *Motivational and personality variables*. Worcester, Mass.: Clark University. Study in progress, 1953. NIMH grant.

723. LEVY, DAVID M. (CHM.) *Report of the Central Commission on Children and War to the International Congress on Mental Health, August 11-21, 1948*. New York: Central Commission on Children and War, International Committee on Mental Hygiene. Mimeographed report, June 1948. Pp. 75.

"On the topic, War and Children, a large number of reports were already at hand. A number of multidisciplinary commissions, engaged in discussion of questions related to our topic, were already in operation. Further, it was thought advisable to redeem the values of numerous scattered studies made in this country on 'Children and War.' A large variety of important reflections and observations was to be found in these individual contributions from workers

in schools, factories, and numerous Government and private agencies." Preface, p. 1.

*724. LIDZ, THEODORE. *The interpersonal family environment in schizophrenia.* New Haven, Conn.: Yale University School of Medicine. Study in progress, 1953. NIMH grant.

725. LINDEMANN, ERICH, ET AL. *Mental disorder as a mass phenomenon—A pattern for the study of minor and major disorders as they affect populations of people, based on an epidemiological analysis of suicide and other psychiatric disorders.* Arch. Neurol. Psychiat., November 1951, Vol. 66, No. 5, pp. 648-650.

"The epidemiological approach to such a psychopathologic phenomenon requires assessment in terms not only of mortality but also of morbidity * * * (He) then presented a picture of the biological gradient of the illness leading to suicide, which he named 'hypereridism.' He presented the concept of various levels of hostile tension, starting with normal anger and progressing through hostile inhibition to depression and melancholia." P. 648.

726. LOWREY, LAWSON G. (Ed.) *Orthopsychiatry 1923-48—Retrospect and prospect.* New York: American Orthopsychiatric Association, Inc., 1948. Pp. 623.

"The material provides an excellent survey of the origin and development of orthopsychiatry, its present practices and functions, together with indications of probable trends in further evolution. * * * The other contribution is the demonstration of the adequacy of therapeutic prevention, when all elements in the situation are encompassed in treatment." Preface.

727. LOWRY, JAMES V. *Mental health.* (In) Kurtz, Russell H. (Ed.): *Social Work Yearbook 1954—A description of organized activities in social work and in related fields.* New York: American Association of Social Workers, 1954. Pp. 346-354.

A comprehensive summary of mental health activities with consideration being given to the following areas: Fostering and maintaining mental health; disorders of childhood, functional disorders, brain disorders, sociopathic personality disorders, extent of mental disorders; health education; community services; mental hospitals; mental health agencies; and public and private agencies.

*728. LUFT, JOSEPH. *Self-control patterns within families.* Palo Alto, Calif.: Stanford University. Study in progress, 1952. NIMH grant.

A study of the relation between patterns of impulse control in parents and children, using normal children and their parents.

729. LYND, ROBERT S., AND LYND, HELEN MERRELL. *Middletown—A study in contemporary American culture.* New York: Harcourt, Brace and Co., 1929. Pp. 550.

730. LYND, ROBERT S., AND LYND, HELEN MERRELL. *Middletown in transition—A study in cultural conflicts.* New York: Harcourt, Brace and Co., 1937. Pp. 604.

A detailed report on what has happened in Middletown culturally, economically, politically in the 10 eventful years since the same authors made its name famous.

*731. LYNDON, BENJAMIN H. *Wayne University child growth and development program, 1951-52.* Detroit, Mich.: Wayne University. Unpublished Report, June 6, 1952. Study in progress.

Under a grant from the Children's Bureau in 1951-52 the study was set up to provide (1) implementation of the training of professionals so that they might eventually operate more effectively with other disciplines; and (2) a body of knowledge regarding children, presented in such a way as to aid in the development of professional maturity.

*732. MACCOBY, ELEANOR E., AND GIBBS, PATRICIA K. *Social class differences in child rearing.* Paper presented at American Psychological Association, Sixty-First Annual Convention, Cleveland, Sept. 4-9, 1953.

In contrast with some previously published research, we find the upper middle class mothers are consistently more permissive, less punitive, and less demanding than upper lower class mothers. This finding will be discussed in relation to education levels and the ethnic background of parents.—Abstract (In) Amer. Psychol., August 1953, Vol. 8, No. 8, p. 395.

733. MEAD, MARGARET. *Technological change and child development.* Understanding the Child, October 1952, Vol. 21, No. 4, pp. 109-112.

In light of the rapid technological changes in the contemporary world, the question for the mental hygienist becomes one of how we can help the child or individual to accept change as natural and to be prepared for it.—W. Coleman. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5033.

734. MILBANK MEMORIAL FUND. *Housing and health—The proceedings of a round table at the Twenty-Seventh Annual Conference, November 15-16, 1950.* New York: Milbank Memorial Fund, 1951. Pp. 96.

This deals with such topics as: "Appraisal of Substandard Housing," by M. Allen Pond, pp. 7-18; "Law Enforcement and the 'Baltimore Plan,'" by Huntington Williams, pp. 19-30; "A Health Department Code for Occupied Housing," by E. R. Krumbiegel, pp. 31-39; and "Planning the Neighborhood," by Frederick J. Adams, pp. 40-46.

735. MILBANK MEMORIAL FUND. *Interrelations between the social environment and psychiatric disorders—Papers presented at the 1952 Annual Conference.* New York: Milbank Memorial Fund, 1953. Pp. 265.

736. MILBANK MEMORIAL FUND. *Modernization programs in relation to human resources and population problems—Papers presented at a round table at the 1949 Annual Conference, November 16-17, 1949.* New York: Milbank Memorial Fund, 1950. Pp. 154.

Part I deals with aims and methods of selected programs of modernization. Part II, with problems in the development and utilization of human resources. Part III discusses Japan as a case study in modernization.

737. MILBANK MEMORIAL FUND. *Research in public health—Papers presented at the 1951 Annual Conference.* New York: Milbank Memorial Fund, 1952. Pp. 279.

Part I considers types of studies and methodology; Part II, Family studies as a method of public health research. Included are chapters as follows: "Family Health Maintenance Demonstration," by Martin Cherkasky, pp. 183-197; "Longitudinal Study of the Health Insurance Plan of Greater New York," by Neva R. Deardorff, pp. 198-213; "Family Studies in Pittsburgh, Pennsylvania," by Antonio Ciocco, pp. 248-254; "An Appraisal of the Repeated Population Censuses in the Eastern Health District, Baltimore," by William G. Cochran, pp. 255-265; and "The Long-Term Study at Hagerstown, Maryland," by P. S. Lawrence.

738. MILBANK MEMORIAL FUND. *The biology of mental health and disease—The Twenty-Seventh Annual Conference of the Milbank Memorial Fund.* New York: Hoeber-Hayser, 1952. Pp. 654. Reviewed (In) *Science*, October 24, 1952, Vol. 116, No. 3017, p. 463, by E. Gellhorn.

One hundred eight authors have contributed to 38 chapters in an attempt to explain how the brain works both normally and abnormally. Chapters pertinent to psychology are abstracted separately in this issue.—M. J. Wayner, Jr. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 3957.

739. MILBANK MEMORIAL FUND. *The family as the unit of health—Papers presented at a round table at the 1948 Annual Conference, November 17-18, 1948.* New York: Milbank Memorial Fund, 1949. Pp. 128.

Chapters include: "The Manitoba Health Plan and Its Effect upon the Family," by F. W. Jackson, pp. 50-55; "The Child Health Institute in Rochester, Minnesota," by Benjamin Spock, pp. 104-110; and "The Importance of the Family in the Prevention of Mental Illness," by Kent A. Zimmerman, pp. 111-119.

*740. NEMIAH, JOHN C., AND QUARTON, GARDNER C. *Relation of psychosomatic diseases to specific psychological factors.* Boston, Mass.: Massachusetts General Hospital. Study in progress, 1953. NIMH grant.

741. NEW YORK ACADEMY OF MEDICINE. *Transactions of the Conference on Ministry and Medicine in human relations on May 11, 1950.* New York: New York Academy of Medicine, 1950. Pp. 75.

"It was the need to achieve an understanding of the reciprocal and supplementary functions of both ministry and medicine in the lives of humans that brought together the participants of this Conference." Medicine was represented by Erich Lindemann, Sandor Rado, George S. Stevenson, and Iago Galdston. Ministry by Rev. Otis R. Rice and Rev. Wm. R. Andrew.

742. NICHOLSON, ARLINE B., AND HANLEY, CHARLES. *Indices of physiological maturity—Derivation and interrelationships.* Child Develpm., March 1953, Vol. 24, No. 1, pp. 4-38.

This report is one of a series of studies relating to the overall project "Personality development from birth to maturity," directed by Dr. Jean Walker Macfarlane at the Institute of Child Welfare, University of California, Berkeley, Calif.

*743. OLSON, WILLARD C., ET AL. *Adolescent development program.* Ann Arbor, Mich.: School of Education, and Elementary School, High School, Child Development Laboratory, University of Michigan. Reported (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 6B, pp. 36-37.

Purpose is to test predictive value of longitudinal psychophysical data, systematically collected in preschool and elementary-school years, for growth, achievement, and behavior in adolescence and adulthood. Subjects: 340 children. Duration: 1951—indefinite.

*744. ORR, FRANCES G. *Sibling rivalry as a psychological hazard.* Palo Alto, Calif.: Stanford University. Study in progress, 1952. NIMH grant.

Rivalry between children of the same parents (siblings) is sometimes seriously disturbing, resulting in feeding difficulties, overaggressiveness and hostility, withdrawal from competitive situations, etc. This study is to discover the factors which give rise to this rivalry and why it is disturbing to some children and not to others.

*745. PARSONS, TALCOTT. *Stratification and role adjustment in small groups.* Cambridge, Mass.: Harvard University. Study in progress, 1953. NIMH grant.

746. PAUL, JOHN EUGENE. *An investigation of parent-child relationships in speech—Intensity and duration.* Speech Monogr., 1952, Vol. 19, p. 120. Abstract of Ph. D. dissertation, Purdue University, 1951. Abstract (In) Psychol. Abstracts, April 1953, Vol. 27, No. 4, Item 2592.

*747. PRESSEY, SIDNEY L. *Factors leading to adjustment in old age.* Columbus, Ohio: Ohio State University. Study in progress, 1953. NIMH grant.

748. REDL, FRITZ, AND WINEMAN, DAVID. *Children who hate—The disorganization and breakdown of behavior controls.* Glencoe, Ill.: Free Press, 1951. Pp. 253.

An account of group work experiences and methods focused on understanding disturbances of ego-frustration in the severely disturbed, hyperaggressive child. The systematic theoretical consideration is psychoanalytically oriented and closely related to the work of Aichhorn and Bettelheim. Emphasis is laid on

analysis of ego-function and on the "delinquent defenses with which the child insulates himself against social demands." Implications are drawn for the strategy of prophylaxis and treatment, with a promise to develop these further in a forthcoming publication.—L. J. Stone. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 4106.

749. REDL, FRITZ, AND WINEMAN, DAVID. *Controls from within—Techniques for the treatment of the aggressive child.* Glencoe, Ill.: Free Press, 1952. Pp. 330.

This book like the earlier book "Children Who Hate," is concerned with the problem of the breakdown of behavior controls in children. This time, however, the emphasis is put on techniques for the treatment of such disturbances and on the implications which the treatment of ego-disturbed children has on the task of helping the normal child develop adequate self control. The authors point out the implications for the handling of the normal child by parents, teachers and group leaders.

750. REDLICH, FREDERICK C.; HOLLINGSHEAD, AUGUST B.; ROBERTS, BERTRAM H.; ROBINSON, HARVEY A.; FREEDMAN, LAWRENCE Z.; AND MYERS, JEROME K. *Social structure and psychiatric disorders.* Amer. J. Psychiat., April 1953, Vol. 109, No. 10, pp. 729-734.

The relationship between social level and psychiatric disorders were explored by a demographic study of patients in metropolitan New Haven, and by a background study of the stratification of a sample of the general population in the same community. Statistically significant relationships were found between social level and (1) prevalence of psychiatric patients, (2) types of disorders, and (3) types of therapy.—F. W. Snyder. Abstract (In) *Psychol. Abstracts*, March-April 1954, Vol. 28, Nos. 3-4, Item 2839.

*751. RICHARDS, THOMAS W. *Causes of variation in child adjustment over a period of years.* Evanston, Ill.: Northwestern University. Study in progress, 1952. NIMH grant.

A long-term study, using unique data from the Fels Institute, to determine the persistence of maladjustment and the stability of good adjustment in individual children.

*752. RIGGS, MARGARET M., AND HEISER, KARL F. *Patterns of intellectual development in mentally retarded children.* Vineland, N. J.: Vineland Training School. Study in progress, 1953. NIMH grant.

*753. ROHRER, JOHN H. *Sociocultural influences on personality development.* New Orleans, La.: Tulane University. Study in progress, 1953. NIMH grant.

*754. ROSEN, SIDNEY. *Predicting individual behavior in a group setting—Forecasting from case history material how children will adjust in a new group.* Unpublished paper presented in Cleveland, June 1, 1953, at the National Conference of Social Work. Pp. 6.

During the summer of 1950 two boys' camps were hosts to a pair of research teams for a period of 8 weeks. The research mission was twofold: First, to make daily independent observations of the influence of behavior which occurred in certain cabin groups; and second, to interview these preadolescents and young adolescents, with regard to their conception of the social influence hierarchy developing in the group.

*755. SARBIN, THEODORE R. *Personality characteristics of juvenile delinquents.* Berkeley, Calif.: University of California. Study in progress, 1953. NIMH grant.

756. SCOTT, JOHN P. (ED.) *Minutes of the Conference on the Effects of Early Experience on Mental Health: September 6-9, 1951.* Bar Harbor, Maine.: Roscoe B. Jackson Memorial Laboratory, 1952. Pp. 45.

Some 30 psychologists, biologists, and psychiatrists participated in this conference which had a broad purpose of research planning in the field. This report includes a summary statement concerning the conference and its results by the editor; detailed minutes of the informal discussions, and committee reports; the working paper outlines: (1) Factors causing * * * differences in the degree of behavioral adaptation or adjustment, and (2) general theory of social behavior and organization; and description of behavior studies at the laboratory including a list of publications. Photograph of members of the conference.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, November 1952, Vol. 26, No. 11, Item 6967.

757. SENN, MILTON J. E. (ED.) *Conference on problems of infancy and childhood—Problems of early infancy. Transactions of the First Conference, March 3-4, 1947.* New York: Josiah Macy, Jr. Foundation, 1947. Pp. 70.

Includes papers on: The Cornelian Corner, pp. 17-35; rooming-in project at the Grace-New Haven Community Hospital, pp. 49-51; self-demand schedules, pp. 58-62; and breast feeding, pp. 63-66. Also other chapters on the rationale of rooming-in practices.

758. SENN, MILTON J. E. (ED.) *Conference on problems of infancy and childhood—Problems of early infancy. Transactions of the Second Conference, March 1-2, 1948.* New York: Josiah Macy, Jr. Foundation, 1948. Pp. 120.

This volume reports the transactions of the second conference * * * and a supplement which consists of papers presented at a special two-day meeting held immediately following the International Congress on Pediatrics in July 1947. "This special meeting was planned to take advantage of the presence in this country of foreign pediatricians in order that our American students of the emotional problems of infancy and childhood might have the opportunity to learn at firsthand * * * their experiences with the effect of war upon the emotional development and behavior of children."—P. 10.

759. SENN, MILTON J. E. (ED.) *Conference on problems of infancy and early childhood—Transactions of the Fourth Conference, March 6-7, 1950.* New York: Josiah Macy, Jr. Foundation, 1951. Pp. 181.

In this volume consideration is given to the relationship between the social structure, family structure and parental attitudes, pp. 13-80. Also a chapter on "Working Toward Healthy Personality," by Lawrence K. Frank, pp. 125-144.

760. SENN, MILTON J. E. (ED.) *Conference on problems of infancy and childhood—Symposium on the healthy personality. Transactions of special meetings on infancy and childhood, June 8-9, and July 3-4, 1950.* New York: Josiah Macy, Jr. Foundation, 1950. Pp. 298.

This volume includes: A chapter on "Growth and Crises of the Healthy Personality," by Erik H. Erikson; one on "Constitutional and Prenatal Factors in Infant and Child Health," by M. F. Ashley Monagu; and a chapter entitled "Toward a Social Psychology of Mental Health," by Marie Jahoda.

761. SENN, MILTON J. E. (ED.) *Problems of infancy and childhood—Transactions of the Sixth Conference, March 17 and 18, 1952.* New York: Josiah Macy, Jr. Foundation, 1953. Pp. 160.

Included in this volume are the following chapters: "Emotional Development in the First Year of Life," by Sibylle Escalona; "A Brief Review of WHO Activities," by Knut Kjellberg; "Observation of Individual Tendencies in the First Year of Life," by Katherine M. Wolf; and "Excessive Crying in Infants—A Family Disease," by Ann Stewart.

762. SEWELL, WILLIAM H., AND MUSSEN, PAUL H. *The effects of feeding, weaning, and scheduling procedures on childhood adjustment and the formation of oral symptoms.* Child Devlpmt., 1952, Vol. 23, pp. 185-191.

The subjects of this study were 162 rural Wisconsin 5- and 6-year-olds from middle class native American families. Data on infant training practices were obtained from an intensive personal interview with the mother. The California Test of Personality and teacher rating were used for information about personal and social adjustment. The author concludes that there is no evidence from the study of any relationship between gratification or nongratification on any of the three aspects of the feeding process and personal and social adjustment.—S. M. Amatora. Abstract (In) Psychol. Abstracts, October 1953, Vol. 27, No. 10, Item 7084.

763. SHOBEN, EDWARD J., JR. *The assessment of parental attitudes in relation to child adjustment.* Genet. Psychol. Monogr., 1949, Vol. 39, pp. 101-148.

After "combing" the literature on parent-child relationships, the author developed 148 items which appeared fruitful in differentiating the attitudes of parents of problem children from those of parents of nonproblem children. These items were administered to 50 mothers of problem children (defined as juvenile offenders, clinical cases, or complained about by mothers as being problems) and 50 mothers of nonproblem children (defined as not meeting any of the 3

criteria mentioned above). The 85 items that differentiated the 2 groups of mothers at the 5 percent level of confidence on the chi-square tests were retained in the final scale. The subscales, Dominant, Possessive, Ignoring, and Miscellaneous, were developed on the basis of a classification by five sophisticated judges. The validity coefficients obtained when the revised scales were administered to a new population of 20 mothers of problem and 20 mothers of non-problem children ranged from .623 to .721 on the subscales (.769 on the total scale). Reliability coefficients for the subscales, as determined by the split-half method, ranged from .84 to .91 (.95 for total scale). The 148 items originally developed are presented in the appendix. Thirty-six references.—G. G. Thompson. Abstract (In) *Psychol. Abstracts*, August 1949, Vol. 23, No. 8, Item 3511.

764. SHOCK, NATHAN W. (ED.) *Conference on problems of aging—Transactions of the Tenth and Eleventh Conferences, February 9-10, 1948, and April 25-26, 1949*. New York: Josiah Macy, Jr. Foundation, 1950. Pp. 258.

In the 1948 Conference, among other topics the following have a bearing on this report: "Problems Encountered in an Old Age Counselling Center," by Karl Stern, pp. 30-38; "Longitudinal Study of Aging," by L. W. Sontag, pp. 39-44; and "What Can We Do to Advance Research in Aging," by Henry S. Simms, pp. 64-68. In the 1949 Conference, applicable papers are: "Organization and Plans for Research Units in Gerontology," by Robert A. Moore, pp. 76-80; and "Scientific Correlations," by Edward J. Stieglitz, pp. 220-251.

765. SHOCK, NATHAN W. (ED.) *Conference on problems of aging—Transactions of the Twelfth Conference, February 6-7, 1950*. New York: Josiah Macy Jr. Foundation, 1951. Pp. 215.

Of significance for this report are the following chapters: "Intrapersonal Aspects of Gerontology," by Lawrence K. Frank, pp. 13-67; "Interpersonal Aspects of Gerontology," by Robert J. Havighurst, pp. 68-112; "The Relation of Gerontology to Clinical Medicine," by Edward J. Stieglitz, pp. 113-139; and "Psychopathological Aspects," by William Malamud, pp. 140-175.

766. SHOCK, NATHAN W. (ED.) *Conference on problems of aging—Transactions of the Fourteenth Conference, September 7-8, 1951*. St. Louis, Mo. New York: Josiah Macy, Jr. Foundation, 1952. Pp. 138.

Applicable chapters are: "Sociology, Psychology, Education and Religion," by Robert J. Havighurst, pp. 60-75; "Economics, Employment, and Welfare," by Wilbur J. Cohen, pp. 76-113; and "Medical Services, Hygiene, and Housing," by Joseph W. Mountain, pp. 114-139.

*767. SKARD, ASE GRUDA. *Scope and methods of the Oslo Project*. Oslo, Norway: Psychological Institute of the University. Unpublished report, 1953. Pp. 5.

Since 1950 a research project has been carried on in Oslo, Norway, with the purpose of studying the development of children in a Norwegian milieu. The

project is planned as a longitudinal study of a limited number of children. In a well-baby clinic expectant mothers and fathers are interviewed on separate occasions. Emphasis is placed on determining attitudes of acceptance and rejection. Subsequent interviews are held after the birth of the baby and during the preschool years. The children are measured with Gesell-Cattell techniques, and observations made in the home setting periodically.

768. SKEELS, HAROLD M., AND FILLMORE, EVA A. *The mental development of children from underprivileged homes.* Ped. Sem. and J. genet. Psychol., 1937, Vol. 50, pp. 427-439.

Family groups of orphanage entrants were studied to discover possible relationships between the development of intelligence and home background in the uniformly poor homes represented in this study. Various comparisons of children within the group and between members of this group and unselected children suggest a retarding effect of poor homes on mental development.—E. Heidbreder. Abstract (In) Psychol. Abstracts, January 1938, Vol. 12, No. 1, Item 442.

769. SKEELS, HAROLD M., AND HARMS, IRENE. *Children with inferior social histories; their mental development in adoptive homes.* J. genet. Psychol., 1948, Vol. 72, pp. 283-294.

A study was made of the later intelligence of 229 children with inferior social histories placed in foster homes. Eighty-seven children had mothers with I. Q.'s below 75; 111, fathers who were unskilled or slightly skilled laborers; and 31, both of these. On the basis of the data it was concluded that children with these types of background attain a mental level equaling or exceeding that of the population as a whole. Further, children showing mental retardation were fewer and those showing superior intelligence were more frequent than would be expected from a sampling of the population as a whole.—R. B. Ammons. Abstract (In) Psychol. Abstracts, March 1949, Vol. 23, No. 3, Item 1212.

770. SMALL, LEONARD. *Personality determinants of vocational choice.* Psychol. Monogr., 1939, Whole No. 351, Vol. 67, No. 1. Pp. 21.

"This study explored the interaction of reality and fantasy in the making of vocational choices. Assuming that vocational choice is an ego function, we selected two groups of subjects: 50 better adjusted boys with relatively strong egos between the ages of 15-19, and 50 disturbed boys of the same ages with relatively weak egos." Pp. 19.

771. SMITH, RANDOLPH B. *Growth in personality adjustment through mental hygiene. An experimental study.* Albany, N. Y.: New York State Education Department, 1936. Pp. 61.

772. SONTAG, LESTER W. *A research institute on child growth and development reports progress.* Child, 1951, Vol. 16, pp. 54-56.

This report to the 78th Annual Meeting of the American Public Health Association describes the work at the Fels Research Institute for the Study of Human Development, outlining briefly the changes in approach to problems,

mode of procedure and goals. The Institute's four departments of physical growth, biochemistry, psychophysiology and psychology are described.—M. F. Fiedler. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5452.

*773. SOSKIN, WILLIAM F. *Characteristics of social interaction of individuals in natural settings*. Chicago: University of Chicago. Study in progress, 1953. NIMH grant.

*774. SPENCE, KENNETH W., AND TAYLOR, JANET A. *The relation of conditioned response strength to anxiety in normal neurotic, and psychotic subjects*. *J. exper. Psychol.*, April 1943, Vol. 45, No. 4. Pp. 265-272.

"The present investigation was designed to investigate differences in conditioning performance between normal Ss and individuals diagnosed as neurotic and psychotic. Forty-five normal Ss were obtained from night school psychology classes while 34 neurotic and 21 psychotic Ss were drawn from the in- and out-patient services of a neuropsychiatric hospital." P. 271.

775. SPITZ, RENÉ A. *Anaclitic depression—An inquiry into the genesis of psychiatric conditions in early childhood, II*. *Psychoanal. Stud. Child*, 1946, Vol. II, pp. 313-342.

A psychiatric syndrome, classified as anaclitic depression, was observed in 19 infants living in a nursery. The symptoms, appearing typically in the second half of the first year, include weeping, withdrawal, loss of weight, intercurrent colds, eczema, and a gradual decline in the developmental quotient. The etiology of this type of depression is related to a loss of the love object and a total inhibition of attempts at restitution through the help of the body ego acting on anaclitic lines. The prognosis for recovery is good when the original love objects are returned to the infant within 3 months or when a satisfactory substitution for the original love objects can be provided. Theoretical assumptions concerning melancholia are discussed. Twenty-two references.—G. G. Thompson. Abstract (In) *Psychol. Abstracts*, March 1948, Vol. 22, No. 3, Item 1290.

776. SPITZ, RENÉ A. *Hospitalism—An inquiry into the genesis of psychiatric conditions in early childhood*. *Psychoanal. Stud. Child*, 1945, Vol. I. Vol. I.

*777. SPOCK, BENJAMIN, AND HARRIS, LLOYD E. *Growth and development of child population in Rochester, Minn.* Rochester, Minn.: Rochester Child Health Institute. Study in progress, 1952. NIMH grant.

*778. STEARNS, A. WARREN. *A psychiatric study of dependency*. Medford, Mass.: Tufts Medical College. Study in progress, 1952. NIMH grant.

A study of the role which heredity, environment, and psychiatric disorders play in individuals who have become inmates of poorhouses or houses of correction.

779. STEVENSON, GEORGE S. *The prevention of personality disorders*. (In) J. McV. Hunt (Ed.): *Personality and the Behavior Disorders*. New York: Ronald Press, 1944, Vol. II, pp. 1164-1192.

This is a chapter in a book which analyzes the meaning of prevention of mental disorders and serves as a basis for evaluating the soundness of any program which claims to be preventive.

780. STEWART, A., AND WESTROPP, C. *Breast feeding in the Oxford Child Health Survey*. Brit. Med. J., August 8, 1953, 4831, p. 305.

In the interest of fair play only—these bibliographies having boosted breast-feeding papers interminably—two English researches are called to your attention: They find no clear evidences of the superiority of breast feeding discernible among two large groups of babies followed through their first year. Cited (In) Amer. J. publ. Hlth, November 1953, Vol. 43, No. 11, p. 1488.

781. STOLZ, LOIS MEEK. *The effect of mobilization and war on children*. Soc. Casewk, 1951, Vol. 32, pp. 143-149.

A study of a number of families in which the first child was born while the father was away at war is the basis of this discussion. War affects children differently depending upon at least three aspects of a child's experience: (1) Where the war is in relation to a child; (2) what war does to his family; (3) what kind of child he is. That the well-being of an infant is inextricably tied to the well-being of the mother is recognized in the suggestions given for wartime services to children. The effect of war on the school child and the adolescent is also discussed. Recognition is given to the responsibility of the Federal Government for developing war plans for children.—L. B. Costin. Abstract (In) Psychol. Abstracts, January 1952, Vol. 26, No. 1, Item 198.

*782. STOTT, LELAND H. *Long-term study of family dynamics in human development*. (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 164 B, pp. 103, 104.

To trace developmental progress of each child of small group of families from birth, and to observe mode and level of his emotional and social adjustments, all in relation to everchanging total family situation—its relationships, its interaction patterns, and its general emotional atmosphere, through various phases of family cycle. Subjects—10 middle-class urban families. Duration 1949—indefinite. Research Department, Merrill-Palmer School, Detroit, Mich.

*783. STOTT, LELAND H. *Study of family morale, its family-environmental determinants and its significance in relation to psychological functioning and developmental progress of children*. (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 199 B. pp. 119.

To identify and evaluate some variables in family living that play a part in determining level of family morale (individual feeling about attitude toward

family situation) in preadolescent children. To test the hypothesis that family morale is an important factor in relation to psychological (intellectual, emotional, and social) development and functioning of children. Subjects—200 sixth grade school children and their families, representative of middle-class white population of Detroit, Mich. Research Department, Merrill-Palmer School, Detroit, Mich.

*784. STUART, HAROLD C., ET AL. *Longitudinal studies of child health and development*. Boston, Mass.: Harvard School of Public Health and Children's Medical Center. Reported (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item No. 2B, p. 35.

Purpose is to discover any interrelationships between the different aspects of physical and psychological development and nutrition, environment, and care and illness experiences. Duration: 1931-56. Subjects: 113 children examined periodically from birth to 18 years.

*785. STUART, HAROLD C., ET AL. *Longitudinal studies of child health and development*. Monogr. Soc. Res. Child Devpm., 1939, Vol. IV, Serial No. 20, No. 1.

Purpose is to discover any interrelationships between the different aspects of physical and psychological development and nutrition, environment, and care and illness experiences. Duration: 1931-56. Subjects: 113 children examined periodically from birth to 18 years.

*786. SWANSON, GUY E. *Personality development as affected by social class membership*. Ann Arbor: University of Michigan. Study in progress, 1952. NIMH grant.

A study of the relation of social class membership and child rearing practices in seventh and eighth grade boys to development of and preference for various defense mechanisms and techniques.

787. THETFORD, WILLIAM N. *Fantasy perceptions in the personality development of normal and deviant children*. Amer. J. Orthopsychiat., 1952, Vol. 22, pp. 542-550.

Fantasy perceptions constitute one of the major avenues to an insightful understanding of the child's inner life. Through Rorschach analysis the fantasy development of normal and deviant children was studied at different age levels. The normal adolescent differs more from normal children at the earlier levels than does the schizophrenic adolescent from younger schizophrenics. The pre-pubescent schizophrenic child shows the greatest deviation from normality in the increased amount of fantasy produced. But for each growth period, normal children produce a higher quantity of energy in their fantasies than do schizophrenic children at corresponding stages.—T. E. Perl. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5314.

788. TREUDLEY, MARY B. *Mental illness and family routines.* Ment. Hyg., 1946, Vol. 30, pp. 235-249.

Treudley calls attention to the ramifications in terms of their relationships with other people, for families of mentally ill patients if the patient is disturbed and at home. She points out that a characteristic of mental illness is the inability of the ill person to fit into normal routines, and she documents the effect of the ill person's behavior on the eating, sleeping, earning, and other habits of family members.

*789. TUMIN, MELVIN. *Relation of personality to social structure in Puerto Rico.* Santurce, Puerto Rico: Department of Health. Study in progress, 1954. NIMH grant.

*790. ULETT, GEORGE A., AND ROBINS, ELI. *Biochemical, neurophysiological and psychological studies of schizophrenia.* St. Louis, Mo.: Washington University. Study in progress, 1953. NIMH grant.

*791. USEEM, JOHN H. *Psychological sources of resistance to the effects of social stress.* Ann Arbor: University of Michigan. Study in progress, 1952. NIMH grant.

A study to determine the techniques and resources which enable people to successfully handle those problems which stem from the complexities and conflicting demands of modern life.

792. VEDDER, CLYDE B. *The juvenile offender.* Garden City, N. Y.: Doubleday and Co., Inc., 1953. Pp. 576.

"Since juvenile delinquency is today one of the main concerns of both the general public and professional social workers—psychologists, sociologists, and those in related fields have been increasingly applying their knowledge and skills to the problems and rehabilitation of delinquents. In one effort to cope with these problems, a multitude of published articles have appeared on juvenile delinquency. In this book Dr. Vedder has gathered together * * * a selected and very important number of these writings—all by juvenile delinquency specialists both in the academic and administrative fields."—From Announcement.

*793. WASHBURN, ALFRED H., ET AL. *The Child Research Council study of human growth, development, and adaptation.* Denver, Colo.: University of Colorado. Reported (In) Children's Bureau: Research relating to children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), Item No. 1B. Pp. 34.

Purpose is to gain greater understanding of the many factors involved in whole growth, maturational, and adaptive process through which each person progresses to become the kind of person he is at any given age level. Subjects: 100 middle-class families, Denver, Colo. Duration: 1927 continuing.

*794. WEINBERG, JACK M., AND HAVIGHURST, ROBERT J. *Preventive mental hygiene for later maturity.* Chicago, Ill.: University of Chicago. Study in progress, 1952. NIMH grant.

Psychiatric study of normally functioning individuals in their late fifties and early sixties to learn of the psychological aspects of the aging process, and to formulate mental hygiene procedures for persons facing retirement and old age.

*795. WHITE, MARTHA S. *Social influences on child-rearing practices and child behavior.* Carmel, Calif.: Study in progress, 1954. NIMH grant.

*796. WHITING, JOHN M. *Child-rearing in relation to personality development of young children.* Cambridge, Mass.: Harvard University. Study in progress, 1954. NIMH grant.

797. WILLOUGHBY, R. R. *A study of some poorly adjusted families.* Amer. sociol. Rev., 1942, Vol. 7, pp. 47-58.

"On the basis of careful examination of a series of family casework records showing on the one hand, good, and on the other, poor, social adjustment as seen by workers handling them, we have found that the poor adjustment observed consists chiefly of unintelligence and of too much and too little motivation (anxiety and collapse), both of the latter frequently of psychotic intensity. * * * We have shown that the maladjustment is correlated with a poor educational and vocational background and to some extent with cultural conflicts, but not with medical history or history of neglect and abuse; and we have suggested that the appropriate weapon against unintelligence and its consequences is educational supervision, while that against emotional disturbance is casework of substantially the sort now practiced." This "implies, in the training of workers, adding to (not substituting for) the current psychoanalytic philosophy one derived from the best educational practice, particularly that prevailing in the training of defectives."—I. L. Child. Abstract (In) Psychol. Abstracts, September 1942, Vol. 16, No. 9, Item 3716.

*798. WITKIN, H. A. *Relationship between perceptual and personality changes in children.* New York, N. Y.: State University of New York, College of Medicine. Study in progress, 1953. NIMH grant.

799. WITMER, HELEN LELAND, AND KOTINSKY, RUTH. *Personality in the making—The fact-finding report of the Mid-Century White House Conference on Children and Youth 1952.* New York: Harper & Bros. Pp. 454.

"The information and points of view about the development of healthy personality in children and young people it sets forth are regarded as basic and essentially valid by large numbers of people who work directly with children in a professional capacity or who engage in studies in relevant fields. * * * In reviewing the materials assembled for the Conference, the Technical Committee on Fact Finding shared a widespread feeling that there is great need for tested knowledge in the social and psychological sciences. The report presents much

information that should be helpful in the guidance of children and youth, but much more research remains to be done before practice can be said to rest upon a firm scientific foundation."—From Preface by the members of the Technical Committee on Fact Finding. This volume represents a synthesis of the best tested knowledge of specialists and the White House staff. Chapter XVII, "Next Steps in Research," stress the need for research. Mature, healthier personalities can be developed through home, church, school, recreation centers, neighborhood and the world.

800. YOUNG, KIMBALL. *Personality and problems of adjustment*. New York: Appleton-Century-Crofts, 1952 (2d ed.). Pp. 716.

"In this revision there is a considerable amount of new material as well as extensive reorganization and rewriting of material from the first edition. Twenty-three chapters are organized into 'The foundations of personality' and 'Selected problems of personal adjustment.' In part I there is a restatement of learning theory and the chapter on theories of personality has been reorganized. In part II a new chapter on the psychological problems of later maturity and old age has been added. Six-page glossary. Appendices include an outline for writing a case history and a list of films bearing on various aspects of personality."—A. J. Sprow. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3352.

*801. ZANDER, ALVIN. *Relation of the group to individual behavior and adjustment*. Ann Arbor, Mich.: University of Michigan. Study in progress, 1953. NIMH grant.

(See also Nos. *515, 533, 567, *614, 616, *654.)

Diagnostic, Prognostic and Treatment Procedures

802. ABRAHAMS, JOSEPH, AND VARON, EDITH. *Maternal dependency and schizophrenia*. New York: International University Press, 1953. Pp. 240.

*803. ADAMS, RAYMOND D., AND LUDWIG, ALFRED O. *Pathogenesis of psychiatric and neurological diseases induced by chronic alcoholism*. Boston, Mass.: Massachusetts General Hospital. Study in progress, 1954. NIMH grant.

804. ALEXANDER, FRANZ. *Five-year report of the Chicago Institute for Psychoanalysis, 1932-1937*. Chicago: Institute for Psychoanalysis, 1937. Pp. 70.

This report includes discussions of the professional training offered by the Institute, the research conducted and planned, the cooperation with other professional groups, a statistical survey of training, consultation and therapeutic activities, and lists of articles published by members of the staff, of lectures and seminars in 1935-36, and 1936-37, and addresses by members of the staff, 1935-37.—J. McV. Hunt. Abstract (In) *Psychol. Abstracts*, August 1938, Vol. 12, No. 8, Item 4043.

*805. AMERICAN PSYCHIATRIC ASSOCIATION. *Therapy evaluation conference scheduled.* News Letter. January 1953, Vol. 5, No. 5.

"Paul Hoch, Chairman, announces that the Conference on the development of a Research Program for the Evaluation of Psychiatric Therapies will be held at Princeton, N. J., March 20-22. The Planning Committee is comprised of Drs. Hoch, Daniel Blain, Jerome Frank, J. S. Gotleib, James Q. Holsopple, Elvin J. Semrad. About 20 others to be announced, will attend the Conference. The Conference will focus on formulating specific research proposals for the evaluation of different therapies for chronic schizophrenia. It is anticipated that the conference deliberations will bring out the major problems and principles which will govern the development of a long term research program in this area. It will also contribute significantly by helping the profession determine the extent to which it is in a position to review and evaluate its scientific practices and their relative efficacy."

806. AULD, FRANK, JR., AND ERON, LEONARD D. *The use of the Rorschach to predict whether patients will continue psychotherapy.* J. consult. Psychol., April 1953, Vol. 17, No. 2, pp. 104-109.

The possibility of predicting which patients will continue in psychotherapy after the ninth interview was studied by means of Rorschach scores. The study failed to predict which patients would continue individual psychotherapy and which would not. Auld and Eron therefore emphasize that "until cross validation and validity-generalization studies have been done, no confidence can be placed in the general applicability of any method of diagnosis or any formula for predicting behavior."

807. AULD, FRANK, JR., AND MYERS, JEROME K. *Contributions to a theory for selecting psychotherapy patients.* J. clin. Psychol., 1954, Vol. 10, No. 1, pp. 56-60.

808. AXELROD, JOSEPH. *An evaluation of the effect on progress in therapy of similarities and differences between the personalities of patients and their therapists.* Dissertation Abstr., 1952, 12, 329.—Abstract of Ph. D. thesis, 1952, New York Univ. Microfilm of complete manuscript. Pp. 148. Ann Arbor, Mich.: University Microfilms, Publ. No. 3604.

(In) Psychol. Abstracts, May 1953, Vol. 27, No. 5, Item 3570.

809. BAMFORD, CORA, AND HEINSTEIN, MARTIN. *Selecting patients at a preschool treatment center.* J. psychiat. soc. Wk, 1953, Vol. 22, pp. 189-194.

This paper deals with a study of intake at the authors' treatment center when an attempt is made "to select cases in which the mother's anxiety is sufficiently focused on the (preschool) child's difficulties to make guidance meaningful." The kind of problems that lend themselves to the treatment available is discussed.—L. B. Costin. Abstract (In) Psychol. Abstracts, March-April, 1954, Vol. 28, Nos. 3-4, Item 2778.

*810. BECK, SAMUEL J. *Psychological study of schizophrenic children in a therapeutic school.* Chicago: University of Chicago. Study in progress, 1953. NIMH grant.

811. BECK, SAMUEL J., AND NUNNALLY, J. C. *Method of social work research in schizophrenia.* J. Psychiat. Soc. Wk, April 1953, pp. 1-6.

812. BELLAK, LEOPOLD. *Dementia Praecox—The past decade's work and present status—A review and evaluation.* New York: Grune & Stratton, 1948. Pp. 456.

"This book is, in many ways, a review of the work done on dementia praecox, particularly in the past 10 years. More than a review, it is meant to be a rollcall and a stocktaking: The underlying idea in the review is to show not only what work has been done, but where certain suggestive trends meet, what work has been omitted or overlooked, and what all the information we have adds up to." * * * Preface—p. xiii.

813. BELLAK, LEOPOLD. *Manic-depressive psychoses and allied conditions.* New York: Grune and Stratton, 1952. Pp. 306.

*814. BELLEFAIRE CHILDREN'S HOME. *Effects of life in the Bellefaire Children's Home upon children under care.* Cleveland, Ohio: Bellefaire Children's Home (for disturbed Jewish children). Study in progress, 1952.

This study was suggested by the Lehrer study under the direction of Daniel Levinson. It will be more broadly based and will take account of social and anthropological data, and children will be followed 2 or 3 years after leaving the institution.

*815. BENDER, LAURETTA. *A study of schizophrenia in children.* New York: New York University. Study in progress, 1952. NIMH grant.

A study of the etiology, symptomatology, diagnosis, and treatment of childhood schizophrenia by psychiatric, neurological, physiological, and psychological methods, and the evaluation and development of various types of psychotherapy and shock therapy.

*816. BETTELHEIM, BRUNO. *A study of institutional treatment of emotionally disturbed children.* Chicago, Ill.: University of Chicago. Study in progress, 1952, NIMH grant.

Analysis of the integration of institutional treatment and individual therapy for children with severe functional behavior disturbances.

*817. BIXLER, RAY. *A followup study of children seen at the Louisville (Ky.) Mental Hygiene Clinic.* Study in progress, 1953.

The study design is being set up by Dr. Bixler, Kentucky Department of Mental Health, and is to be carried out by a group of graduate students at the Kent School of Social Work.

818. BLEES, ROBERT A. *The validation of a graphic rating scale to measure patient readiness for dismissal.* Columbus, Ohio: Ohio Department of

Public Welfare, Psychological Services. Professional Notes, No. 6, April 23, 1951. Unpublished report. P. 19.

"The present study was undertaken in an effort to ascertain the degree to which the type of adjustment criteria used by physicians at the Columbus State Hospital could be employed objectively to distinguish between patients being discharged and those being retained at the hospital."

819. BLENKNER, MARGARET. *Obstacles to evaluative research in casework—Part I.* Soc. Casewk, February-March 1950, Vol. 31, pp. 54-60.

Obstacles to research in casework stem, according to the author, from four main sources: Psychological, economic, social, and methodological. The first three are discussed in this article and the fourth is discussed in Part II.—L. Long. Abstract (In) Psychol. Abstracts, September 1950, Vol. 24, No. 9, Item 4587.

820. BLENKNER, MARGARET. *Obstacles to evaluative research in casework—Part II.* Soc. Casewk, February-March 1950, Vol. 31, pp. 97-105.

The fourth obstacle to research work in casework is discussed in this article. The need for definitions, criteria of success or failure, followup studies and prediction studies is emphasized. The author also urges caseworkers to become better acquainted with modern statistical techniques. The cost of research work in this area is also discussed.—L. Long. Abstract (In) Psychol. Abstracts, September 1950, Vol. 24, No. 9, Item 4588.

821. BLOCK, JACK. *The assessment of communication; role variations as a function of interactional context.* J. Pers., 1952, Vol. 21, pp. 272-286.

"A single subject was studied in order to assay the nature and extent of the role differences which result as a function of the various 'relevant others' encountered. The procedure used was a series of Q-sorts followed by a factor analysis. The findings meaningfully describe the subject and are suggestive of further research."—M. O. Wilson. Abstract (In) Psychol. Abstracts, November 1953, Vol. 27, No. 11, Item 7731.

822. BOBBITT, JOSEPH M., AND CLAUSEN, JOHN A. *Psychotherapy and its public health implications.* (In) Mowrer, O. Hobart: Psychotherapy—Theory and research. New York: Ronald Press Co., 1953, pp. 171-208.

Topics discussed include: Mental health and interpersonal relationships; some essential aspects of psychotherapy; necessary conditions for a preventive approach; some positive mental health goals; publications as mental health media; movies, radio and TV; group discussion and decision; and research needs.

*823. BORDIN, EDWARD S.; DITTMAN, ALLEN T.; AND RAUSH, HAROLD L. *Analyses of psychotherapeutic interaction.* Ann Arbor, Mich.: University of Michigan. Study in progress, 1952. NIMH grant.

A study of psychotherapeutic interviewing, by content analysis, to determine the efficacy of various techniques to clarify certain theoretical issues.

824. BRENMAN, MARGARET. *Research in psychotherapy, Roundtable 1947.* Amer. J. Orthopsychiat., 1948, Vol. 18, pp. 92-118.

L. S. Kubie emphasized the need for more precision in identifying the starting point of therapy, the disease process, and the therapeutic process. Carl R. Robers emphasized the need for more exact recording of therapeutic sequences and discussed several avenues of research. M. M. Gill and Brenman reported the present status of research in psychotherapy, the prerequisites for investigators, and methodological problems. There were questions and discussion by the rest of the panel.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, July 1948, Vol. 22, No. 7, Item 3056.

825. BRITISH NATIONAL ASSOCIATION FOR MENTAL HEALTH. *Ninth Child Guidance Interclinic Conference—Followup on child guidance cases.* 39 Queen Anne St., London: Publication Department, National Association for Mental Health, November 1951. Pp. 123.

Conference of clinic representatives held 24 November 1951, to consider the question of followup on child guidance cases. Questionnaires were previously sent out, and the group reviewed some 34 studies on the question. Most of these are quite sketchy. However, the deliberations are worthwhile in focusing attention to the need for better controlled evaluation research studies. "We ought to consider the possibility of autogenous changes taking place and for that purpose some study of control cases will have to be made." P. 8. "The statement that the child has improved may arise from increased tolerance at home as well as an actual change in behavior." P. 9. "A control group * * * is required before we can say definitely that the changes we have discovered are in any way due to attendance at the clinic; it is quite possible that they may be due to a natural maturing process." P. 12. Part I is a "Report of the Proceedings." Part II includes "Selected Surveys Prepared for the Interclinic Conference."

826. BRODMAN, KEEVE; ERDMANN, ALBERT J., JR.; LORGE, IRVING; GERSHENSON, CHARLES P.; AND WOLFF, HAROLD G. *The Cornell Medical Index-Health Questionnaire. IV. The recognition of emotional disturbances in a general hospital.* J. clin. Psychol., 1952, Vol. 8, pp. 289-297.

CMI scores reflect a much greater frequency of psychological problems among general hospital patients than do reports of examining doctors, especially of surgeons. If the CMI were used as a routine part of the medical examination many of these missed cases would not be overlooked.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5858.

827. BROSIN, HENRY W. *Contributions of psychoanalysis to the study of the psychoses.* (In) Alexander, Franz, and Ross, Helen (Eds.): *Dynamic psychiatry.* Chicago: University of Chicago Press, 1952.

828. BROWN, WILLIAM. *Effect of service connection on prognosis in psychiatric war veteran patients.* Psychiat. Quart., 1952, Vol. 26, pp. 642-650.

Of 121 veterans almost twice as many non-service-connected patients recovered as service connected. Immaturity, passive dependency, basic insecurity and

inferiority—which originally joined with military stresses to precipitate the psychiatric illness—now join with social pressure to foster continuation of the symptoms (especially conversion and dissociation). The VA becomes a protective parent figure to which many cling and some relinquish their hold with great anxiety.—D. Praeger. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6601.

829. BRUNNER-ORNE, MARTHA; IDDINGS, FREDERICK T.; AND RODRIGUES, JOHN. *A court clinic for alcoholics—A description and evaluation of the Stoughton Clinic*. *Quart. J. Stud. Alcohol*, 1951, Vol. 12, pp. 592-600.

"A clinic set up by court action provided diagnostic and therapeutic services. Of 32 referrals only 8 were regarded as failures and it is concluded that the alcoholic can be helped even when he first attends a clinic under duress."—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, July 1952, Vol. 26, No. 7, Item 4088.

830. BUCHMUELLER, A. D., AND GILDEA, MARGARET C. L. *A group therapy project with parents of behavior problem children in public schools*. *Amer. J. Psychiat.*, July 1949, Vol. 106, No. 1, pp. 46-52.

Group therapy sessions with the mothers of problem children in two St. Louis primary schools are reported. The therapeutic sessions are held in the school itself and are conducted by the senior author, a psychiatric social worker. The parents meeting in one school were of the lower middle class cultural and educational level (J group), while those in the other school were of the middle class level (H group). Of 13 children in J group, 9 have improved; of 12 children in H group, 9 have improved. The various meetings in the two schools are outlined. Fifteen references.—R. D. Weitz. Abstract (In) *Psychol. Abstracts*, March 1950, Vol. 24, No. 3, Item 1243.

*831. BUSCH, ANTHONY K., AND OSSORIO, ABEL G. *Evaluation of the treatment program in a State mental hospital*. St. Louis, Mo.: St. Louis State Hospital. Study in progress, 1953. NIMH grant.

832. BUTLER, JOHN M. *The interaction of client and therapist*. *J. abnorm. soc. Psychol.*, 1952, Vol. 47, pp. 366-378.

"Consideration of the behavior of the therapist in relation to the hypothesis, to conditions, and to characteristics of human learning, social learning, and personality development led to the development of hypotheses concerning the role of resistance, transference and interpretation in psychotherapy, to the necessity of 'reliving the past,' and to temporal sequences of behavior in psychonalysis and in client-centered counseling. * * * The basic viewpoint taken was that the alleged phenomena of psychotherapy can be considered fruitfully in terms of phenomena of learning as well as in terms of learning theory."—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2773.

833. CALIFORNIA STATE DEPARTMENT OF MENTAL HYGIENE. *The Pacific Colony pilot study*. Reported (In) NIMH Progress Report, July 1952, pp. 2-3.

The specific aim was to demonstrate what can be done in the way of successful community placement with mentally retarded patients who have additional personality problems. Even prior to the study, the institution was able to release most of its young adult population at the upper intelligence levels of mental deficiency (those with I. Q.'s about 70). The pilot study has shown that with more and better staff activity, the mobility of patients with somewhat lower intelligence levels can also be improved.

834. CAMERON, D. EWEN. *Activity of therapist in integrative forms of nondirective psychotherapy.* Amer. J. Psychiat. 1952, Vol. 109, pp. 183-187.

The free association method with the therapist as an active participant is suggested. The therapist's function in this therapy is stated in terms of his capacity to resolve the therapeutic situation, in providing power for the patient in resolving his problems, acting as a sort of catalyst, and in terms of the therapist as a working model.—F. W. Snyder. Abstract (In) Psychol. Abstracts, July 1953, Vol. 27, No. 7, Item 5173.

835. CARR, ARTHUR C. *An evaluation of nine nondirective psychotherapy cases by means of the Rorschach.* J. consult. Psychol., June 1949, Vol. 13, No. 3, pp. 196-205.

Rorschach tests given before and after therapy on nine nondirective psychotherapy cases were analyzed for evidence of changes following therapy. Neither the qualitative nor the quantitative analysis revealed any reliable or consistent changes following therapy. These results are in disagreement with those found by Muench.—S. G. Dulsky. Abstract (In) Psychol. Abstracts, January 1950, Vol. 24, No. 1, Item 197.

836. CATTELL, RAYMOND B. *The diagnosis and classification of neurotic states—A reinterpretation of Eysenck's factors.* J. nerv. ment. Dis., 1945, Vol. 102, pp. 576-589.

Mathematical techniques are described that might be used to determine the main factors underlying the correlations found between neurotic symptoms. Using Eysenck's list of symptoms, the factors found are compared with those found on previous studies with normals. "Although the roughness of the exploratory factorizations, and our present ignorance of the true, underlying nature of the factors discovered, prevent immediate clinical usefulness, the present paper may suffice to show that the consideration of symptoms in terms of correlation clusters and factors—surface traits and source traits—can clarify diagnosis and in time lead to a psychometric calculus which may revolutionize clinical practice."—L. B. Heathers. Abstract (In) Psychol. Abstracts, June 1946, Vol. 20, No. 6, Item 1898.

837. CAUDILL, WILLIAM; REDLICH, FREDERICK C.; GILMORE, HELEN R.; AND BRODY, EUGENE B. *Social structure and interaction processes on a psychiatric ward.* Amer. J. Orthopsychiat., 1952, Vol. 22, pp. 314-334.

In order to determine some of the social and therapeutic problems of life in a mental hospital as seen through the eyes of the patients, an observer was

admitted to the less disturbed ward of the hospital and followed a course of treatment for 2 months. The outstanding conclusion was that psychoneurotic patients in a mental hospital should not be thought of as an aggregate of individuals, but as a group which tries to meet many of its problems by developing a shared set of values and beliefs translated into action through a system of social roles and cliques.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2874.

*838. CODDINGTON, JAMES W. *A study of adjustment and recovery of former patients of a State mental hospital.* Fayetteville, Ark.: University of Arkansas. Study in progress, 1952. NIMH grant.

Analysis of readmission rates and length of stay of 33,000 patients admitted to Arkansas mental hospitals from 1930 to 1948, plus detailed followup study of two selected smaller samples.

*839. COFFEY, HUBERT S., AND POPE, SAXON. *Function of leader and group in group psychotherapy.* Berkeley, Calif.: University of California. Study in progress, 1953. NIMH grant.

*840. COLEMAN, LEE H. *Effectiveness of a previously popular form of psychotherapy—Dianetics.* Cleveland, Ohio: Cleveland State Hospital. Study in progress, 1953.

841. COON, GAYLORD P., AND RAYMOND, A. F. *A review of the psychoanalyses at Stockbridge,* Stockbridge, Mass.: Austin Riggs Foundation, Inc., 1940. Pp. 299.

This book, made possible by a grant from the John and Mary R. Markle Foundation, constitutes a review of the clinical work of Austin Fox Riggs and his associates during the past 25 years at Stockbridge, Mass. Part I, 75 pages, delimits the concept of psychoneurosis, describes the methodology of treatment and certain beneficial aspects of therapy, and presents briefly 92 formulations of representative individual case histories. Part II, 82 pages, deals with a statistical analysis of 1,060 selected cases in relation to various data obtained from case histories and from questionnaires sent to the patients. Part III, 9 pages, constitutes a general summary of the book. The remaining 124 pages contain 6 appendices, particularly the special therapeutic lectures and reeducational discussions given to the patients, Riggs' bibliography, method of coding and tabulating data, and examples of the questionnaire and letters employed. The book is not indexed.—M. H. Erickson. Abstract (In) *Psychol. Abstracts*, January 1941, Vol. 15, No. 1, Item 246.

*842. COPPLE, GEORGE E. *Intellectual and other personality factors as determinants of I. Q. changes under a program of individual therapy and instruction.* Nashville, Tenn.: Vanderbilt University. Study in progress, 1952. NIMH grant.

Study of the value of two alternative methods of increasing I. Q.'s of mentally retarded children.

*843. CRANDELL, ARCHIE. *A followup study of psychosurgical patients.* Grey-stone Park, N. J.: The New Jersey State Hospital. Study in progress, 1952. NIMH grant.

Evaluation of the postoperative social adjustment of psychosurgical patients in relationship to a carefully studied environmental situation.

*844. DARLEY, JOHN G. *Studies of the Laboratory for Research in Social Relations.* Minneapolis, Minn: University of Minnesota, 1952.

A series of studies on the broad problem of social responsibility are being conducted at the above. Dr. Darley is Executive Secretary of the Laboratory.

*845. DES LAURIERS, AUSTIN M. *Development of the sense of reality in schizophrenic children.* Topeka, Kans.: Topeka State Hospital. Study in progress, 1954. NIMH grant.

846. DEVEREUX, GEORGE. *The social structure of a schizophrenia ward and its therapeutic fitness.* J. clin. psychopathol. Psychother., 1944, Vol. 6, pp. 231-265.

An evaluation is offered of the therapeutic fitness of administrative policies affecting the social structure of a schizophrenia research ward in a progressive mental hospital. The analysis is presented from the point of view of the uniformities of the nonsocial, social, and autistic environments. The therapeutic value of hospitalization is due to (a) the relative simplicity of the hospital's social life, (b) the self-consistency of the mores and social controls within the hospital, (c) the relatively slow rate of social change, (d) little cultural lag, (e) the attempts to have the patient participate in hospital life, and (f) the social emphasis of self-development. Sixty-six-item bibliography.—P. S. de Q. Cabot. Abstract (In) Psychol. Abstracts, July 1945, Vol. 19, No. 7, Item 1690.

847. DOLLARD, JOHN, AND MILLER, NEAL E. *Personality and psychotherapy; an analysis in terms of learning, thinking, and culture.* New York: McGraw-Hill, 1950. Pp. 488.

A systematic analysis of neurosis and psychotherapy in terms of psychological principles and social conditions of learning, in eight parts: Orientation; basic principles of learning; normal use of the mind in solving emotional problems; how neurosis is learned; new conditions of therapeutic learning; conflict; special aspects of therapy; and two applications to normal living. One hundred and eighty-six-item bibliography.—A. J. Sprow. Abstract (In) Psychol. Abstracts, July 1951, Vol. 25, No. 7, Item 4608.

848. DREIKURS, R.; SHULMAN, B. H.; AND MOSAK, HAROLD H. *Patient-therapist relationship in multiple psychotherapy: I. Its advantages to the therapist.* Psychiat. Quart., 1952, Vol. 26, pp. 219-227.

These advantages are: More knowledge and experience, more revealing, prevents therapeutic impasse, hinders countertransferences, greater manipulation by therapists, reinforcement of interpretations, termination facilitated, introduction to group therapy facilitated, and more desirable for teaching and research.—

D. Prager. Abstract (In) *Psychol. Abstracts*, March 1953, Vol. 27, No. 3, Item 1996.

849. EISENSTEIN, VICTOR W. *Differential psychotherapy of borderline states*. *Psychiat. Quart.*, 1951, Vol. 25, pp. 379-401.

"The borderline group consists of descriptively neurotic but dynamically psychotic patients. This group cannot be treated successfully by standard psychoanalysis but requires active support from the therapist, avoidance of free association, and use of the sitting position. Differences in technique must be appreciated to avoid the production of frank psychosis. Selective therapeutic measures are required in regard to fantasy, hostility, homosexual material, acting out, and suicidal impulses. It is very often necessary to work with families of these patients."—D. Prager. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5680.

850. FENICHEL, O. *Ten years of the Berlin Psychoanalysis Institute. 1920-1930*. Report of therapeutic results, pp. 28-40.

*851. FERRIS, EUGENE B., AND REISER, MORTON F. *The psychodynamic role of the clinical investigator in studies on measurable physiologic and clinical responses of the patient with hypertension*. Cincinnati, Ohio: University of Cincinnati, College of Medicine. Study in progress, 1952. NIMH grant.

Investigations to determine the effect of specific emotional states of the investigator on the psychological and physiological responses of the patient.

*852. FRANK, JEROME D. *Evaluation of group and individual psychotherapy*. Baltimore, Md.: Johns Hopkins University. Study in progress, 1952. NIMH grant.

A continuation and expansion of this investigator's earlier work in the evaluation of group psychotherapy. The present project will study both group and individual psychotherapy to determine, in part, which patients can profit from both, from neither, or from one more than the other.

853. FRANK, JEROME D. *Group psychotherapy with chronic hospitalized schizophrenics*. (In) Brody, Eugene B., and Redlich, Frederick C.: *Psychotherapy with schizophrenics*. New York: International Universities Press, 1952, pp. 216-230.

A report of an experimental study of group psychotherapy with 174 chronic schizophrenics who had been hospitalized over 2 years on the average. Some of the conclusions presented are: "A ward of chronic schizophrenics in which all members received group therapy as compared with a control ward showed a higher discharge rate and a temporary increase in emotional disturbance, followed by a marked decrease. There was a suggestion that group therapy from the start diminished the depth of emotional disturbances as measured, for example, by insomnia, and need for electro-shock therapy."—S. Hutter. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1352.

854. FRANK, JEROME D. *The effects of interpatient and group influences in a general hospital.* Int. J. Group Psychother., 1952, Vol. 2, pp. 127-138.

Group influences in hospital wards arise from the attending staff, nurses, other hospital personnel, and patients. These influences affect patients' morale, a fact which is being recognized more and more. Many types of outpatients respond favorably to group psychotherapy. Wider use of group methods should produce favorable effects, whether illness is organic or functional.—N. M. Locke. Abstract (In) Psychol. Abstracts, January 1953, Vol. 27, No. 1, Item 4288.

855. FREEDMAN, MERVIN B.; LEARY, TIMOTHY F.; OSSORIO, ABEL G.; AND COFFEY, HUBERT S. *The interpersonal dimension of personality.* J. Personality, 1951, Vol. 20, pp. 143-161.

856. FROEHLICH, CLIFFORD P. *The evaluation of counseling.* Purdue Univ., Stud. higher Educ., 1951, No. 76, pp. 21-31.

It is held that discrepancies among findings of the studies of counseling efficiency tend often to be due either to disagreement on what counseling is, or to problems of methodology employed in research which evaluates the counseling process. Where methodology is concerned the writer reviewed some 200 studies and found 7 different methods customarily used: (1) external criterion, (2) followup, (3) client opinion, (4) expert opinion, (5) specific techniques, (6) within-group changes, and (7) between group changes. Where criteria of counseling effectiveness are concerned a followup study of former counselees is reported in which various criteria were compared. Four criteria were deemed worthy of retention: (1) Occupational adjustment, (2) personal adjustment, (3) client attitude, and (4) change in status.

857. GARDNER, GEORGE E. *Evaluation of therapeutic results in child guidance programs.* (In) Association for Research in Nervous and Mental Diseases: Psychiatric treatment—Proceedings of the Association, December 14, 15, 1951, New York. Baltimore: Williams and Wilkins, 1953, pp. 131-137.

"In this communication relating to the evaluation of therapeutic results in child guidance programs, I shall direct my remarks to four specific aspects of our work, namely: (1) a general outline of the basic aims of psychotherapy with children; (2) a brief survey of the psychotherapeutic methods most frequently employed at the present time; (3) methods of evaluation of success or failure that can be, and are being, employed to estimate the results of those methods; and (4) the present needs in the child psychiatric field that, if met, would lead to the use of more and better evaluation studies. In each instance, I will suggest how these aspects of psychotherapy and their measurements in our field differ from those that obtain in the field of adult psychiatry." Pp. 131.

858. GOLDFARB, WALTER, AND PARK, PAUL D. *Dynamic role of group therapy in the total treatment program of psychotic patients.* Amer. J. Psychother., 1951, Vol. 5, pp. 514-520.

The present report is an attempt to describe the psychodynamic effect of group therapy on psychotic patients. It was found that group therapy for psychotic patients had a specific role in the total program (which included in addition ECT, individual sessions, occupational therapy, social services, etc.) quite independent of the benefits obtained administratively in the saving of the individual therapist's time.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, June 1952, Vol. 26, No. 6, Item 3546.

859. GORDON, ALFRED. *Precipitating factors in neuroses and psychoses-impressions and reflections during twenty-five years' observation of a large number of cases, of which forty-five presented an uncommon opportunity for followup study to the present time.* A. M. A. Arch. Neurol. Psychiat., Chicago, 1951, Vol. 66, pp. 571-579.

Major stress is placed upon the role of the precipitating or crisis situation in the development of the specific disorder. The general medical practitioner and the psychiatrist may be accordingly guided by taking appropriate preventive approaches.—L. A. Pennington. Abstract (In) *Psychol. Abstracts*, June 1952, Vol. 26, No. 6, Item 3475.

*860. GORDON, A. THOMAS, JR.; GRUMMON, DONALD L.; ROGERS, CARL R.; AND SEEMAN, JULIUS. *Studies in client centered psychotherapy. I. Developing a program of research in psychotherapy.* Psychol. Serv. Center J., March-June 1951, Vol. 3, pp. 3-28.

This first report of a large scale and long range program of research in psychotherapy and personality describes something of the development of the program and the planning which preceded the specific research enterprises. The authors view therapy "not only as an applied clinical technique for helping the individual, but also as a most valuable window opening upon the dynamic processes of personality organization and change." Some of the proposed studies "in the process of therapy" and "in the correlates or outcomes" of therapy are discussed as well as the criterion problem. A summary of research areas in client-centered therapy is also included.—H. Feifel. Abstract (In) *Psychol. Abstracts*, February 1953, Vol. 27, No. 2, Item 1204.

861. GORLOW, LEON; HOCH, ERASMUS L.; AND TELSCHOW, EARL F. *The nature of nondirective group psychotherapy; an experimental investigation.* New York: Bureau of Publications, Teachers College, Columbia University, 1952. Pp. 143.

This volume which reports the results of a cooperative investigation to study the process of nondirective group psychotherapy is divided into 7 chapters: Introduction; Review of the literature; The procedure; The nature of the group process in nondirective group psychotherapy by Erasmus L. Hoch; An analysis of the behavior of members as therapists by Leon Gorlow; An analysis of the role of the leader by Earl F. Telschow; Summary and conclusions. One hundred and one-item bibliography.—S. Hutter. Abstract (In) *Psychol. Abstracts*, October 1953, Vol. 27, No. 10, Item 7269.

862. GRACE, WILLIAM J., AND GRAHAM, DAVID T. *Relationship of specific attitudes and emotions to certain bodily diseases.* Psychosom. Med., 1952, Vol. 14, pp. 243-251.

A total of 128 patients with various diseases such as urticaria, eczema, asthma, diarrhea, migraine, etc., were studied. Each of these conditions was found to be associated with a particular attitude toward the precipitating situation, i. e., there were physiological changes specific to each attitude. It is concluded that emotion should be defined to mean, "an attitude with its associated physiological changes."—J. W. Bowles, Jr. Abstract (In) Psychol. Abstracts, April 1953, Vol. 27, No. 4, Item 2913.

863. GRINKER, ROY R. *Psychosomatic research.* New York: Norton, 1953. Pp. 208.

"To summarize this brief review of the book's content, one can say that the author points out some of the overgeneralizations that have grown up in psychosomatic research. He voices the widely felt need for multidisciplinary and longitudinal research and also restates some ideas about development and regression in an interesting way * * *." Enoch Calloway III, University Hospital, Baltimore. Reviewed (In) Science, Dec. 4, 1953, Vol. 118, No. 3075, p. 700.

864. GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. *Outline to be used as a guide to the evaluation of treatment in a public psychiatric hospital—Formulated by The Committee on Hospitals of the Group for the Advancement of Psychiatry.* 3617 West Sixth Avenue, Topeka, Kans.: GAP Rep. No. 23, July 1953. Pp. 12.

"This outline guide is offered as one aid in the evaluation of treatment in a public psychiatric hospital. Although not intended to take the place of other weighing devices, it may be found useful as a supplementary tool. Employed as a check list, it will direct attention to many aspects of hospital operation sometimes thought of as outside the realm of treatment. Since everything associated with the comfort, basic care and well-being of the patient is intimately connected with his therapeutic course, aspects of the hospital program relating to these matters must, in fact, be regarded as part of the total treatment process." P. 1.

865. GUMP, PAUL V. *A statistical investigation of one psychoanalytical approach and a comparison of it with nondirective therapy.* Columbus, Ohio: Ohio State University, 1944. Unpublished Master's Thesis.

866. HAIGH, GERARD. *Defense behavior in client-centered therapy.* J. consult. Psychol., June 1949, Vol. 13, No. 3, pp. 181-189.

It is the purpose of this investigation to study the defensive behavior of clients during the course of client-centered therapy. Only defensive behavior which is expressed in counseling and defensive behavior expressed elsewhere which the client reports is studied. Some of the conclusions are: There is a decrease in defensiveness during counseling; in some cases there is an increase in defensiveness, reported and exhibited defensive behavior decrease at about the same rate.—

S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 200.

867. HAMILTON, DONALD M.; VANNE, I. H.; AND WALL, JAMES H. *Hospital treatment of patients with psychoneurotic disorder*. *Amer. J. Psychiat.*, 1942, Vol. 99, pp. 243-247.

Data on 100 psychoneurotic women were compared with those on 100 psychoneurotic men. Mental illness in antecedents was greater among the women than among the men. The men came from small families with a dominant mother and a weak, ineffectual father; the women came from larger families with no consistent parent type. The women, as infants, were healthy.—R. Goldman. Abstract (In) *Psychol. Abstracts*, May 1943, Vol. 17, No. 5, Item 1595.

868. HAMILTON, DONALD M., AND WALL, JAMES H. *Hospital treatment of patients with psychoneurotic disorders*. *Amer. J. Psychiat.*, 1941, Vol. 98, pp. 551-557.

One hundred psychoneurotic men came predominantly from families where the father was a weak individual and the mother was aggressive and dominating, and showed a high incidence of serious and prolonged illness in infancy. The value of a full and varied program and frequent psychotherapeutic interviews was substantiated, 68 of the patients benefiting from such treatment.—R. Goldman. Abstract (In) *Psychol. Abstracts*, November 1942, Vol. 16, No. 11, Item 4389.

869. HARRIS, ARTHUR. *The prognosis of anxiety states*. *Brit. Med. J.*, 1938, Vol. 2, pp. 649-654.

Of the cases studied, 31 percent were well, 49 percent were suffering from anxiety states, 7 percent had developed psychoses, and 13 percent were dead.—W. J. Brogden. Abstract (In) *Psychol. Abstracts*, May 1939, Vol. 13, No. 5, Item 2516.

870. HECKMAN, A. A., AND STONE, ALLAN. *Testing casework results—Forging new tools*. *Survey Midmonthly*, Oct. 1947, Vol. 83, No. 10, pp. 267-270.

An attempt at more precise measurement of casework effectiveness, reported by A. A. Heckman, of St. Paul's Family Society, and Allan Stone, Wilder Foundation. The material for this study came from the 1,032 cases known to the Family Society during the first 10 months of 1946. "Data such as those assembled in this study have long been available in casework agencies. This project represents an effort to develop working procedures for putting such data to practical use in improving the quality and effectiveness of casework practice." Pp. 270.

871. HILGARD, ERNEST R. *Experimental approaches to psychoanalysis*. (In) Pumpian-Mindlin, E., (Ed.): *Psychoanalysis as science—the Hixon Lectures on the scientific status of psychoanalysis*. Stanford, Calif.: Stanford University Press, 1952. Pp. 174.

Selected analytic concepts (defense mechanisms, hoarding, psychosexual development among others), when subjected to experimental study, bear up well. In this first lecture emphasis is given Blum's Blacky Test by virtue of its fruitfulness as a means of hypothesis-testing. In the second lecture an analysis of psychoanalytic therapy is made with detailed reference to Keet's experimental design. It is concluded that while "it has been possible to parallel many psychoanalytic phenomena in the laboratory, experimentation must not only confirm or deny but must also advance knowledge." Analysts, if they wish to make their approach scientific, must "be prepared to follow some of the standard rules of science."—L. A. Pennington. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5494.

872. HOCH, PAUL H. (Ed.) *Failures in psychiatric treatment*. New York: Grune and Stratton, 1948. Pp. 241.

A series of 15 papers representing the proceedings of the 37th annual meeting of the American Psychopathological Association held in New York City in June 1947. Each paper is concerned with a different form of psychiatric treatment, and is followed by a brief discussion by a second expert in that field of therapy. Foreword and summarization by the editor. Index of names and major topics covered in the symposium.—E. M. L. Burchard. Abstract (In) *Psychol. Abstracts*, February 1949, Vol. 23, No. 2, Item 793.

*873. HOCH, PAUL H. *Planning conference on evaluation of psychiatric therapies*. Washington, D. C.: American Psychiatric Association. Study in progress, 1953. NIMH grant.

874. HOCH, PAUL H., AND ZUBIN, JOSEPH (Eds.) *Relation of psychological tests to psychiatry*. New York: Grune & Stratton, 1952. Pp. 301.

The Proceedings of the 40th Annual Meeting of the American Psychopathological Association, June 1950, suggest that intelligence tests provide a scientific basis for measuring mental function in school children and the feeble-minded and are indispensable for measuring and guiding men for military, vocational, and scholastic purposes, but are not proved as useful in the field of mental disease. Inventory and projective type personality tests are not so scientifically precise but have clinical usefulness. Assessment of therapy with psychological tests should bring about better tests in the field of affect, but the tool of the interview also needs careful research. Various chapters are separately abstracted in this issue.—W. L. Wilkins. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 427.

875. HOFSTAETTER, PETER R. *A hypothetical model for the psychotherapeutic process*. *J. Psychol.*, 1952, Vol. 34, pp. 191-196.

A "generalization-gradient" principle is suggested, taking one step beyond Dollard & Miller, that "objects, situations, and acts may acquire a stimulus-property which inhered originally only in some very specific objects, situations, and acts." The author points out that his hypothesis parallels the psychotherapeutic process in treating a neurotic individual, particularly the fact that estab-

lishing generalization gradients is a matter of learning and consequently takes time.—R. W. Husband. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5181.

876. HOLZBERG, JULES D., AND WITTENBORN, J. RICHARD. *The quantified multiple diagnostic procedure in psychiatric classification.* *J. clinic. Psychol.*, April 1953, Vol. 9, No. 2, pp. 145-147.

Summary—"Symptom description is an important aspect of the study of the psychiatric patient. A quantified multiple diagnostic procedure has been described which is a useful contribution to the reliable and valid classification of symptomatology. The use of factor analytic methods and the quantified multiple diagnostic procedures that they yield were discussed in terms of future research in this area." Pp. 147.

*877. HORST, PAUL. *The mathematical analysis of patterns of personal data.* Seattle, Wash.: University of Washington. Study in progress, 1953. NIMH grant.

878. HUBBARD, RUTH M., AND ADAMS, C. F. *Factors affecting the success of child guidance treatment.* *Am. J. of Orthopsychiat.*, January 1936, Vol. 6, pp. 81-102.

An analysis of 100 cases handled in the child guidance clinic in Strong Memorial Hospital, Rochester, N. Y., to evaluate procedures and estimate achievements.

879. HUDDLESON, JAMES H. *Psychotherapy in 200 cases of psychoneurosis.* *Milit. Surg.*, February 1927, Vol. 60, No. 2, pp. 161-170.

The series was made up of 200 chronologically consecutive cases of psychoneurosis, in outpatients of the Neuropsychiatric Department of District 2 in the United States Veterans Bureau, treated by the writer for a period of a year and a quarter, beginning February 1922. "In this series of 200 cases of psychoneurosis in ex-servicemen, certain factors were found appreciably to influence recoverability. (1) Improvement rates diminished for the different types of psychoneurosis, in the following order: Neurastenia, Anxiety, Neurosis, Hysteria, and Psychasthenia. (2) Improvement rates tended to fall with the mental level. (3) Though half the cases of the series were under at least occasional observation with treatment for as long as 5 to 6 years, half of these (or one-quarter of the series) showed slight or no improvement after that period of time—part of this result being due to relapses. (4) Ultimate improvement rates increased with longer periods of vocational training." Pp. 169.

880. HUNT, J. McV.; BLENKNER, MARGARET; AND KOGAN, LEONARDS. *A study of interrelated factors in the initial interview with new clients.* *Soc. Casewk*, 1951, Vol. 32, pp. 23-30.

The researchers examined 6 questions in relation to initial interviews in a family casework agency: (1) Problems of new clients; (2) source of new applications; (3) client attitudes exhibited at intake; (4) disposition of the case at the

conclusion of the first interview; (5) number of client contacts before the case is closed; and (6) the interrelation of the above five factors. Limitations in the data perhaps contribute to making the study more important for further research than for practice. There was "confirmation of an hypothesis long held by caseworkers: What happens in the first interview is, more often than not, predictive of a client's desire for, and capacity to use, help."—L. B. Costin. Abstract (In) *Psychol. Abstracts*, January 1952, Vol. 26, No. 1, Item 276.

881. HUNT, J. McV., AND KOGAN, LEONARD S. *Measuring results in social casework—A manual on judging movement*. New York. Family Service Association of America, 1950. Pp. 79.

One of a series of studies sponsored by The Institute of Welfare Research of the Community Service Society of New York City. The purpose of this manual is to provide the social casework profession with a standard procedure for measuring the change in clients and their situations. The instrument presented and described is the Movement Scale.—V. M. Stark. Abstract (In) *Psychol. Abstracts*, January 1951, Vol. 25, No. 1, Item 51.

*882. IMBER, STANLEY D. *Short-term group therapy—An experimental investigation of effectiveness for psychotics and a comparison of different therapeutic methods and different therapists*. Paper presented at Amer. *Psychol. Assoc.* Sixty-first Annual Convention. Cleveland, Sept. 4-9, 1953. Abstract (In) *Amer. Psychol.*, August 1953, Vol. 8, No. 8, pp. 371-372.

883. JENKINS, RICHARD L. *Symptomatology and dynamics in diagnosis—A medical perspective*. *J. clin. Psychol.*, April 1953, Vol. 9, No. 2, pp. 149-150.

"In brief, a dynamic diagnosis may tend to freeze the understanding—or the misunderstanding—of causation at its present level. A descriptive diagnosis leaves the matter in a fluid state. The question may be asked fairly as to whether we have yet achieved a state of advancement in which we can really afford a deep freeze." P. 150.

*884. JOHNSON, NELSON A. *Posthospital adjustment of patients discharged from a State mental hospital*. Warren, Pa.: Warren State Hospital. Study in progress, 1954. NIMH grant.

885. JONES, E. *Decennial report of the London Clinic of Psychoanalysis*. 1926-36.

886. KAUFFMAN, PAUL E., AND RAIMY, VICTOR C. *Two methods of assessing therapeutic progress*. *J. abnor. soc. Psychol.*, 1949, Vol. 44, pp. 379-385.

887. KLINE, NATHAN S. *Psychodrama for mental hospitals*. *J. clin. Psychopath.*, 1947, Vol. 8, pp. 817-825.

This article is the first of two to be presented concerning utilization of psychodrama in mental hospitals. Two illustrations of the technique are described and the results of the utilization of the technique discussed. The purpose of the

psychodrama is to raise selected problems which the patient may have to face after discharge and to help him find a possible solution to these problems. The primary limitation of the technique is that the patients must be going back to a community where they will actually attempt an adjustment rather than to be discharged into the permanent custodial care of someone else.—G. A. Muench. Abstract (In) *Psychol. Abstracts*, November 1948, Vol. 23, No. 11, Item 4976.

888. KLINE, NATHAN S. *Taxonomy of mental disease*. *Science*, February 22, 1952, Vol. 115, No. 2982, pp. 8.

"The categories used by psychiatrists have puzzled scientists in other fields. As frequently occurs in the 'natural history' state of a new field of investigation, our present taxonomy owed its origin to historical accident and has persisted because of failure to devise an adequate substitute for the admittedly inexact terminology and classifications. * * * The failure of allied disciplines in making major contributions to the field of mental disease has been most discouraging. * * * By the technique of cluster analysis, in which items for the clusters are drawn not only from psychopathological symptoms but from any or all of these related disciplines, it would be possible to differentiate individuals into discriminatory types, and to establish the relatedness of an individual to any specific pattern of 'abnormality.' Preliminary experimental work carried out cooperatively by Worcester State Hospital, the Worcester Foundation for Experimental Biology, Worcester Memorial Hospital, and Clarke University, and supported in part by the Wenner-Gren Foundation, has utilized attributes drawn from biochemistry, neurology, morphology, psychopathology, and physiology. We plan to extend the approach to include sociology, psychology, and histology. Success in this field might well suggest similar application to other biological problems."

889. KLUVER, HEINRICH. *Functional differences between the occipital and temporal lobes—with special reference to the interrelations of behavior and extracerebral mechanisms*. (In) Jeffress, Lloyd A.: *Cerebral mechanisms in behavior—The Hixon Symposium*. New York: John Wiley and Sons, Inc., 1951, pp. 166-171.

A number of observations are cited from different fields which are examples of an "equivalent of stimuli"; in that heterogeneous stimuli, such as diverse chemical substances, disease processes, or sensori stimuli, often produce the same series of effects in an organism.

*890. KNAPP, PETER H. *Emotional and physiological relationships in various disease processes*. Boston, Mass.: Boston University School of Medicine. Study in progress, 1954. NIMH grant.

891. KNIGHT, ROBERT P. *An evaluation of psychotherapeutic techniques*. *Bull. Menninger Clin.*, 1952, Vol. 16, pp. 113-124.

Basic principles underlying psychotherapy are discussed under four main headings: Adequate psychological equipment of the therapist, comprehensive appraisal of the patient, setting of tentative therapeutic goals based on the

appraisal, and planning the therapeutic campaign. Therapeutic approaches are designated as primarily supportive and primarily exploratory measures (of which psychoanalysis is the most systematic and extended). Some of the principles of interpretation of transference, resistance, and unconscious content in exploratory psychotherapy are illustrated.—W. A. Varvel. Abstract (In) *Psychol. Abstracts*, June 1953, Vol. 27, No. 6, Item 4301.

892. KUBIE, LAWRENCE S. *Symposium on evaluation of therapeutic results*. (In) 1949 *Yearbook of Psychoanalysis*. New York: International University Press.

893. KURLAND, ALBERT A. *An evaluation of drama therapy*. *Psychiat. Quart. Suppl.*, 1952, Vol. 26, Part 2, pp. 210-229.

Group treatment with schizophrenics, especially those with affective reactions, stimulates group dynamics and increases the therapeutic potential of patients who rejected individual treatment. No patients were cured by group treatment alone but patients were helped to stabilize themselves as social beings.—D. Prager. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5302.

894. LACHMAN, ELLEN RUTH. *Interview group therapy—Process and effects*. Smith Coll. Stud. soc. Wk, October 1949, Vol. 20, No. 1, pp. 33-66.

895. LANDISBERG, SELMA, AND SNYDER, WILLIAM U. *Nondirective play therapy*. *J. clin. Psychol.*, 1946, Vol. 2, pp. 203-213.

896. LANE, LIONEL C. *"Aggressive" approach in preventive casework with children's problems*. *Soc. Casewk*, 1952, Vol. 33, pp. 61-66.

The "aggressive" approach as discussed in this chapter is meant to convey "a greater going out to the client in an effort to help him overcome the strong resistance he feels toward accepting service." The use of the word "preventive" implies an attempt "to arrest a damaging parent-child relationship before it becomes a full blown emergency." The author believes the family casework agency has a community responsibility to depart from its sometimes too passive role and to move out more firmly to certain clients. Case illustrations are given.—L. B. Costin. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5586.

897. LEBO, DELL. *The present status of research on nondirective play therapy*. *J. consult. Psychol.*, 1953, Vol. 17, pp. 177-183.

A critique of the research, conclusions, and generalizations stemming from studies employing "nondirective play therapy." The author points out serious weaknesses in methodology of these studies, and concludes that nondirective play therapy should be subjected to rigorous experimental study, including its relation to other procedures, before we can say that this therapeutic technique is here to stay. Twenty-three references.—F. Costin. Abstract (In) *Psychol. Abstracts*, March-April, 1954, Vol. 28, Nos. 3-4, Item 2738.

898. LEHNER, GEORGE F. J. *Defining psychotherapy*. *Amer. Psychol.*, September 1952, Vol. 7, No. 9, p. 547.

“* * * * After summarizing our group's discussion for the (Boulder) Conference, I added rather timorously, as my own summary of our efforts, the following remark: 'I am afraid that in spite of our efforts we have left therapy as an undefined technique which is applied to unspecified problems with nonpredictable outcome. For this technique we recommend rigorous training.'”

899. LERNER, ARTHUR. *Los Angeles studies alcoholics in jail.* Med. Correctional Assoc. Newsltr., 1953, Vol. 3 (2), p. 5.

“The purpose of this study was to make an experimentally controlled investigation, an evaluation, and an exploratory appraisal of selected aspects of the teaching-counseling group sessions composed of male alcoholic inmates at the Los Angeles City Jail.” Findings are reported upon using the MMPI and other tests.—M. N. Brown. Abstract (In) *Psychol. Abstracts*, March–April 1954, Vol. 28, Nos. 3–4, Item 2914.

900. LEVINE, MAURICE. *Principles of psychiatric treatment.* (In) Alexander, Franz, and Ross, Helen (Eds.): *Dynamic psychiatry.* Chicago: University of Chicago Press, 1952.

901. LEVINE, MAURICE. *Trends in psychoanalysis in America.* Congres International de Psychiatrie, Paris, Rapports, 1950, Vol. 5, pp. 49–93.

Three major trends in recent developments in psychoanalysis in America are discussed: First, psychoanalysis in many ways has come to be the basic and moving spirit in America, which has been integrated extensively within the field of psychiatry. Second, psychodynamic psychiatry has come to play an important role in the general approach to medical patients. Third, psychoanalytic therapy is in the process of active experimentation in various ways. Spanish and French summaries. Eighty-five references.—A. J. Bachrach. Abstract (In) *Psychol. Abstracts*, April 1952, Vol. 26, No. 4, Item 2244.

902. LIPPITT, RONALD; POLANSKY, NORMAN; AND ROSEN, SIDNEY. *The dynamics of power; a field study of social influence in groups of children.* Hum. Relat., 1952, Vol. 5, pp. 37–64.

This study is an extended replication of an earlier one in order to determine whether previous results were attributable to the particular participants or could be generalized to different kinds of groups and investigators. Social power is defined as “(1) the potentiality (2) for inducing forces (3) in other persons (4) toward acting or changing in a given direction.” Two indices are developed; attributed power and manifest power; they are the basic tools for analyzing the relation between power and contagion. For groups like the one originally studied the many detailed results were almost all the same. For “a normal middle-class” group many of the same relationships held; differences seem to be mostly with regard to “style” of power and the sources, e. g. intelligence (greater role for middle class), physical size and conformity.—R. A. Littman. Abstract (In) *Psychol. Abstracts*, January 1953, Vol. 27, No. 1, Item 278.

903. LORR, MAURICE. *The classification problem in psychotherapy.* J. clin. Psychol., April 1953, Vol. 9, No. 2, pp. 143–144.

Summary—"It has been suggested that a broader concept of diagnosis than is traditionally held is needful. Diagnosis is viewed as any process of measuring and describing a patient for a particular purpose with an implied prediction of future status. It is considered desirable to have a multidimensional set of quantified and independent measures within which both psychopathological syndromes and personality factors are represented. The diagnostic process will then consist in (a) measurement, (b) profiling and matching with known psychiatric group profiles, and (c) predicting from equations based on the diagnostic group to which the patient has been allocated." P. 144.

*904. McCANN, WILLIS H. *The Roundtable technique in group psychotherapy.* Group Psychother., March 1953, Vol. 5, No. 4, pp. 233-239.

Data obtained during the research project recently concluded are now being analyzed. A detailed report of the research project will be published as soon as possible.

905. McCANN, WILLIS H., AND ALMADA, ALBERT A. *Roundtable psychotherapy—A technique in group-psychotherapy.* J. consult. Psychol. 1950, Vol. 14, pp. 421-435.

A specific kind of group therapy is described which has the possibility of reaching a larger number of functionally ill mental patients in State hospitals. The general characteristics and composition of various groups of patients are presented as well as the procedure for conducting group sessions. A detailed transcription of a recording taken of one session is included to show what takes place in this sort of therapy. The purpose is to help the patient develop reality testing in a social situation.—N. Glaser. Abstract (In) Psychol. Abstracts, February 1952, Vol. 26, No. 2, Item 956.

906. MCCOY, GEORGIA F., AND RUSK, HOWARD A. *An evaluation of rehabilitation—Monograph I.* New York: Institute of Physical Medicine and Rehabilitation, New York University—Bellevue Medical Center, 1953. Pp. 87. Reviewed (In) Amer. J. publ. Hlth, January 1954, Vol. 44, No. 1, pp. 112, 113.

907. MALAMUD, WILLIAM. *Developments in research on dementia praecox.* Ment. Hyg., 1953, Vol. 37, pp. 14-21.

A review of the recent developments of research in dementia praecox carried on by a committee of the National Association of Mental Health under a grant from the Supreme Council, 33rd Degree Scottish Rite, Northern Masonic Jurisdiction. Seventeen projects in all are reported upon.—M. A. Seidenfeld. Abstract (In) Psychol. Abstracts, November 1953, Vol. 27, No. 11, Item 7938.

*908. MARTIN, ELMORE A.; CASTORE, GEORGE F.; AND LAKE, RICHARD A. *Development of a scale of communications skills for use in measuring interpersonal interaction in group therapy.* Blackfoot, Idaho: State Hospital South. Study in progress, 1953. NIMH grant.

909. MENNINGER, WILLIAM C. *Psychiatric experience in the war, 1941-46.* Amer. J. Psychiat., 1947, Vol. 103, pp. 577-586.

The author speaks of the accomplishments of military psychiatrists and makes recommendations on their findings. Their work resulted in an elaborate treatment plan which included an activity program for psychiatric patients, group psychotherapy technique, psychotherapy under sedation and hypnosis. The official army psychiatric nomenclature was revised. An extensive program which utilized clinical psychologists and psychiatric social workers was established. Recommendations are listed as: (1) A planned course of action in psychiatry; (2) an organized intensive plan of recruiting and selection of men for the field; (3) clarification of concepts; (4) training plans for the medical field; (5) overcoming isolation from medicine; (6) educational program for the public; (7) development of an articulate authority to represent organized psychiatry; (8) plans for contributing psychiatric knowledge in social issues; and (9) preventive program.—R. D. Weitz. Abstract (In) Psychol. Abstracts, September 1947, Vol. 21, No. 9, Item 2986.

910. METTLER, F. A. (CHM.). *Proceedings of the first research conference on psychosurgery criteria for the selection of psychotic patients for psychosurgery.* U. S. Public Health Service, Publ. No. 16, Government Printing Office, 1951. Pp. 173.

This report, based on a 2-day conference held in New York City on November 17 and 18, 1949, provides a discursive account of the legal, sociological, social welfare, surgical, psychiatric, physiological, and psychological aspects of psychosurgery (various types) by 20 or more specialists. Summarily, the achievements are said to be (1) clarification in meanings; (2) reiteration of and plan for research projects accompanying this type of therapy whereby criteria may eventually be established. Pages 50-67 deal primarily with psychological pre- and post-operative studies reported by Beck, Halstead, Landis, Robinson, and Zubin. 30-page appendix, 65 references.—L. A. Pennington. Abstract (In) Psychol. Abstracts, September 1952, Vol. 26, No. 9, Item 5649.

911. MILLER, JAMES G. *Objective methods of evaluating, process and outcome in psychotherapy.* Amer. J. Psychiat., 1951, Vol. 108, pp. 258-263.

Three new techniques for studying and evaluating the therapeutic process and its outcome are discussed. These include the rating of electrically transcribed protocols, the utilization of controls and the use of the Q-technique with therapists and patients. Illustrations of the use of these methods and the results obtained are presented. Although in their infancy, these techniques should reveal understanding of the therapeutic process if imaginatively employed. Abstract (In) Psychol. Abstracts, April 1952, Vol. 26, No. 4, Item 2215.

912. MILLER, JAMES G. *The implications of psychoanalytic theory for the evaluation of psychotherapy.* Psychol. Serv. Center J., 1950, Vol. 2, pp. 123-129.

The author discusses seven possible criteria which can be derived from psychoanalytic theory for evaluating therapy: (1) Important memories and feelings, (2) resolution of conflicts, (3) flexibility of adjustive mechanisms, (4) suitability of ego defense mechanisms; (5) effectiveness of handling anxiety; (6) working through of Oedipus situation; and (7) resolution of transference. One serious difficulty common to these criteria is that no unequivocal evidence exists that psychoanalytic theory is correct. Four types of objective data needed in investigating psychoanalytic theories are discussed.—H. Feifel. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 959.

913. MITCHELL, HOWARD E.; PRESTON, MALCOLM G.; AND MUDD, EMILY H. *Anticipated development of case from case content of first interview record*. *Marriage Fam. Living*, August 1953, Vol. 15, No. 3, pp. 227-231.

"The current analysis was conducted on the records of 94 male clients all of whom were counseled in connection with a marital problem or problems at Marriage Council of Philadelphia." P. 227. "The two facts which afford the best grounds for confidence in anticipating the development of a case in the collection of records studied are, first, the picture of the spouse which the client presents to the counselor, and second, the way in which blame is handled. * * *" P. 230.

*914. MORRIS, DON P. *Followup studies of shy, withdrawn children—Evaluation of later adjustment*. Paper presented at the Annual Meeting of the American Orthopsychiatric Association, February 1953. Study carried on at the Dallas Child Guidance Clinic. Probable later publication in *Amer. J. Orthopsychiat.*

915. MORSE, PHILIP W. *A proposed technique for the evaluation of psychotherapy*. *Amer. J. Orthopsychiat.*, October 1953, Vol. 23, No. 4, pp. 716-731.

"The purpose of this paper is to discuss briefly the deliberations of the staff of the Veterans' Administration Mental Hygiene Clinic in Hartford, Conn., on the problem of the evaluation of their work and to present the result of these deliberations, which takes the form of a proposed technique for the evaluation of the psychotherapy being performed at that clinic." P. 716. See Appendix for copy of rating scale.

916. MOSAK, HAROLD H. *Problems in the definition and measurement of success in psychotherapy*. In Wolff, Werner, and Precker, Joseph A.: *Success in psychotherapy*. New York: Grune and Stratton, 1952, pp. 1-25.

Satisfactory research in therapy has lagged because of the problem of defining criteria of progress. The value systems of various schools play an important role in the definition of success. The depth of adjustment requires that the measuring device be geared to the level of personality it is intended to explore. The question of permanence of cure is one that has received scant attention. Several questions are raised by the problem of quantification. Seventy-four references.—

N. M. Locke. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7833.

917. MOUSTAKAS, CLARK E. *Children in play therapy—A key to understanding normal and disturbed emotions*. New York: McGraw-Hill Co., 1953. Pp. 218.

"This book is an attempt to portray vividly experiences in play therapy with well-adjusted and disturbed children. * * * This book contains actual transcriptions of children's dialogue in play therapy. Through these verbatim tape recordings and the discussions which follow, readers have an opportunity to sharpen their insights into children's emotion, clarify their understanding of children's problems, and respond more effectively to both normal and disturbed expressions."—From Forward, p. vii.

918. MOUSTAKAS, CLARKE, AND MAKOWSKY, GRETA. *Client-centered therapy with parents*. *J. consult. Psychol.*, 1952, Vol. 16, pp. 338-342.

Cases are presented which illustrate how client-centered counselors can work with parents. Problems involved in such a procedure and "tentative suggestions * * * as to ways of handling these difficulties" are discussed.—F. Costin. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5939.

919. MURPHY, WILLIAM F. *Evaluation of psychotherapy with modified Rorschach techniques*. *Amer. J. of Psychother.*, July 1952, Vol. 6, pp. 471-483.

This paper deals with some of the problems to be considered in evaluation of psychotherapy and suggests one approach to their solution. The difficulties discussed are: Those concerned with the standardizing of the physician-patient relationship, and problems connected with the method of evaluating.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, May 1953, Vol. 27, No. 5, Item 3589.

920. MURRAY, JOHN W., AND BROSIN, HENRY W. *General principles of psychotherapy*. (In) Witmer, Helen L., *Teaching psychotherapeutic medicine*. New York: Commonwealth Fund, 1948, pp. 273-288.

The effectiveness of the treatment situation depends upon the adequate utilization of the psychodynamic forces in the emotional relationship between patient and doctor. The progressive steps in the therapeutic process are briefly developed. The dynamic implications of positive and negative transference are indicated, and specific suggestions on how to handle each type, toward the achievement of the therapeutic goal, are presented. It is of especial importance for the doctor to "maintain himself as a mature person with free energy though he too is subjected to the strains and stresses of our world." Discussion—S. S. Spivack. Abstract (In) *Psychol. Abstracts*, August 1948, Vol. 22, No. 8, Item 3478.

921. NATIONAL INSTITUTE OF MENTAL HEALTH. *Mental illness—A report prepared for the Committee on Interstate and Foreign Commerce of the House of Representatives*. Wolverton Hearings, October 8, 1953.

Washington, D. C.: U. S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health.

*922. NEELAND, JAMES. *A screening instrument to identify alcoholics with inadequate rehabilitative capacity.* Cambridge, Ohio: Cambridge State Hospital. Study in progress, 1953.

923. NEW YORK NEUROLOGICAL SOCIETY AND NEW YORK ACADEMY OF MEDICINE, SECTION OF NEUROLOGY AND PSYCHIATRY, Combined Meeting, April 9, 1946. *Symposium on therapy of the psychoneuroses.* Arch. Neurol. Psychiat., April 1947, Vol. 57, No. 4, pp. 503-512.

Papers presented as follows: "Elements in Psychotherapy" by Clarence P. Oberndorf; "Results of Hospital Treatment, Including Electric Shock, of Psycho-neurotic Patients," by James H. Wall, and Donald M. Hamilton; "Results of Treatment of Psychoneuroses by the General Practitioner," by Peter G. Denker. Discussions by George Baehr; A. A. Brill; Foster Kennedy; Lawrence Kubie; and Israel Strauss.

924. OBERNDORF, CLARENCE P. *Failures with psychoanalytic therapy.* (In) Hoch, Paul H.: Failures in psychiatric treatment. New York: Grune & Stratton, 1948, pp. 10-20.

Unsatisfactory results with the psychoanalytic methods fall into four categories, each of which involves different factors. (1) Occasionally classical cases of neuroses fail to improve, even with multiple analyses. These are a source of discom-forture and chagrin to the analyst, and research into the shortcomings of the method is most promising here. (2) Incorrect diagnosis or the masking of a relatively inaccessible psychiatric condition by an apparently mild symptomatic front may lead to the use of psychoanalysis where it is inapplicable. (3) Difficulties in the establishment of a satisfactory transference may be a source of therapeutic failure. (4) Unfavorable external conditions may prevent the therapeutic aims of psychoanalysis.—W. M. L. Burchard. Abstract (In) Psychol. Abstracts, February 1949, Vol. 23, No. 2, Item 802.

925. OBERNDORF, CLARENCE P.; GREENACRE, PHILLIS; AND KUBIE, LAWRENCE. *Symposium on the evaluation of therapeutic results.* Int. J. Psychoanal., 1948, Vol. 29, pp. 7-33.

Dr. Oberndorf points out the need for a research project to investigate the results of psychoanalytic treatment. Dr. Greenacre, who discusses problems of method, holds that primary focusing on therapeutic results is unwise but that an inclusive statistical survey would be of value. Dr. Kubie summarizes the principal objectives of the proposed research and outlines a plan for organizing necessary data. In the open discussion, the possibility of making a useful valuation of the dynamics of the therapeutic process by statistical means is de-bated.—L. N. Mendes. Abstract (In) Psychol. Abstracts, December 1949, Vol. 23, No. 12, Item 6237.

926. OBERS, SAMUEL J.; GOLDMAN, JULIA; AND SUSSMAN, SARAH. *Fellowship House—A small-group residence for adolescent boys.* Ment. Hyg., 1953, Vol. 37, pp. 66-75.

A preliminary report on a small-group residence program for maladjusted adolescent boys in a large urban community. Of the 27 boys thus far studied, all but 3 have shown some improvement in their adjustment during their stay at Fellowship House. Most of the adolescents worked on a full time basis or went to school and worked part time. They paid their own board. Some successfully completed a high-school program and even went to college. By providing a situation approximating a normal home in a large city area and good orientation in the major areas of the boy's life, this program appears to be effective in correcting many major difficulties in this group.—M. A. Seidenfeld. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7854.

927. O'CONNOR, JAMES P. *An empirical determination of fundamental psychosomatic reaction syndromes.* Washington, D. C.: Catholic University of America. Unpublished Ph. D. dissertation, 1951.

928. PEABODY HOME FOR AGED WOMEN. *A nonresident aid—A community program for the aged.* State Government, October 1952, Vol. 25, pp. 222-224; 237-238.

In 1945 the staff of the Peabody Home for Aged Women in New York City launched an experiment after 3 years of careful study. Two years later, the group of nonresidents was studied and compared with a similar group of women who had entered the institution at the time the program was started. Contact between the Home and the community group was maintained by the social caseworker, who called on each nonresident at least once a month. Other community agencies and private groups were asked to participate in welfare and recreation plans. According to Ruth Laverty, Field Director, the development of these nonresident services has shown that "every community—large and small, urban and rural—has far more resources than is generally realized." When the need is publicized, a rich, untapped source of help is made available.

929. PERES, HADASSAH. *An investigation of nondirective group therapy.* J. consult. *Psychol.*, 1947, Vol. 11, pp. 159-172.

930. PERRY, WILLIAM G., JR., AND ESTES, STANLEY G. *The collaboration of client and counselor.* (In) Mowrer, O. H., *Psychotherapy—Theory and research*. New York: Ronald Press Co., 1952, pp. 95-119.

Based upon counseling, usually short term, with college students the authors described methods which involve the self-directing search and evaluation emphasized by nondirective therapy with an added function of the counselor making available consultative assistance. The method may be thought of as "the collaboration of the client as a self-directing learner and the counselor as his 'learned' consultant."—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, January-February 1954, Vol. 28, Nos. 1-2, Item 1058.

931. PETERSON, DONALD ROBERT. *Predicting hospitalization of psychiatric outpatients.* Dissertation Abstr., 1952, Vol. 12, pp. 783-784. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5943. Abstract of Ph. D. thesis, 1952, University of Minnesota. Microfilm of complete manuscript, 142 pages. University Microfilms, Ann Arbor, Mich., Publ. No. 4348.

932. PHILLIPS, CHARLES L. *A study in the effectiveness of guidance at a veterans counseling center.* State College, Pa. (In) *Pennsylvania State College: Abstracts of doctoral dissertations, * * * 1950.* 1951, Vol. 13, pp. 419-424.

*933. POLANSKY, NORMAN A. *Communication of emotion and attitude in the interview situation.* Detroit, Mich.: Wayne University, School of Social Work. Study in progress, 1952. NIMH grant.

A study of the factors which determine the effectiveness of mental health practitioners in communicating "warmth" in the initial phases of a relationship with a client, and methods of improving communication and rapport.

*934. POPE, SAXTON. *A study of the role of leadership and the function of the group in group psychotherapy.* Berkeley, Calif.: University of California. Study in progress, 1952. NIMH grant.

Analysis of group leadership characteristics and a study of varying interactions among group members when the composition of the group varies with respect to age, sex, socioeconomic status, and personality type.

935. PRESTON, MALCOLM G.; PELTZ, WILLIAM L.; MUDD, EMILY HARTSHORNE; AND FROSCHER, HAZEL B. *Impressions of personality as a function of marital conflict.* *J. abnorm. soc. Psychol.*, 1952, Vol. 47, pp. 326-336.

Husbands and wives consistently rate themselves and their partners similarly on specific personality traits. * * * Happily married partners exhibit materially higher on their ratings of themselves and their partners than do unhappily married partners. * * * Practical applications of the instruments developed for this research are suggested at the levels of diagnosis and counseling of maritally maladjusted people.—L. N. Solomon. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2669.

*936. PUTNAM, MARIAN C., AND RANK, BEATA. *Study and treatment of preschool children with severe psychiatric disturbances.* Boston, Mass.: The James Jackson Putnam Children's Center. Study in progress, 1952. NIMH grant.

An intensive psychiatric study of very young children with severe emotional and personality disorders, and the development of effective methods of treatment.

937. RAIMY, VICTOR C. *Clinical methods—Psychotherapy.* *Ann. Rev. Psychol.*, 1952, Vol. 3, pp. 321-350.

Literature to April 1951, is reviewed under the major headings: Objective research, training, group psychotherapy, psychoanalysis, learning and psycho-

therapy and hypnosis and other adjuncts. The author points out four impressions gained in his survey: Enthusiastic interest in the problems, lack of a systematic framework, increasing interest in group psychotherapy, and a lack of factual data on the outcome of therapeutic methods. Seventy-nine item bibliography.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, August 1952, Vol. 26, No. 8, Item 4828.

938. RASKIN, NATHANIEL J. *The development of the "parallel studies" project.* J. consult., *Psychol.* 1949, Vol. 13, pp. 154-156.

The purpose of this article is to provide the background of the "parallel studies" project to which this issue of the journal is devoted. The aim of the "parallel studies" project may be stated as "the development of more objective ways of measuring personality organization as it may change in psychotherapy, in such a way that different concepts which are meaningful in describing personality organization may be correlated."—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 206.

939. RESEARCH CONFERENCE GROUP ON PSYCHOSURGERY. *Second psychosurgery report.* Washington, D. C.: Federal Security Agency, Public Health Service Publication No. 156. U. S. Government Printing Office, 1952. Pp. 116.

"The second conference, herewith reported, was held in New York City, June 2 and 3, 1950, under Dr. Mettler's Chairmanship. * * * The general theme may be stated as the determination of the effects of psychosurgery and their measurement—a challenging topic indeed. * * * Much of the material was fundamental, not only to psychosurgery but to the whole of psychiatry. * * *" Introduction pp. 1, 2.

*940. RODNICK, ELIOT H., AND GARMEZY, NORMAN. *Motivational factors in the production of psychological deficits in schizophrenia.* Durham, N. C.: Duke University. Study in progress, 1953. NIMH grant.

941. ROE, ANNE. *A psychological study of eminent psychologists and anthropologists, and a comparison with biological and physical scientists.* *Psychol. Monogr.*, 1953, Vol. 67, No. 2, Whole No. 352, pp. 1-55.

"There are Rorschach protocols which would occasion no surprise in a clinic for the maladjusted. It is certainly true that those who work only with persons whose lives show considerable disruption seem to have no idea of the extraordinary range of tolerance of difficulty which 'normals' show. A number of these men are particularly good examples. It should also be pointed out that for many of these subjects, the career itself has served as a technique for handling the personal problems * * *." Pp. 52.

942. ROGERS, CARL L. *Recent research in nondirective therapy and its implications.* Am. J. of Orthopsychiat., October 1946, Vol. 16, pp. 581-588.

Evidence is cited to show that client-centered, catalytic nondirective therapy achieves a predictable and measurable process of release, insight, integration, and

choice in the client. Evidence indicates that such therapy, differing sharply in technique from directive therapy and psychoanalysis, does produce measurable alterations in the attitudes, self-concept, behavior, and personality structure of the client.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, March 1947, Vol. 21, No. 3, Item 786.

943. ROME, HOWARD P. *Doctors; drugs; patients.* *Med. Clin. N. Amer.*, 1950, Vol. 34, pp. 973-979.

In this discussion of the psychologic aspects of drugs (opiates, barbiturates, bromides, and the like) and the relationship which they symbolize between the patient and his physician, it is pointed to psychologic dependence as an ever-present symptom in illness and injury, and to the role of this psychologic dependence in preparing the soil for dependence on the physician and on narcotic drugs which pharmacologically and/or psychologically give the patient a feeling of security, thus leading to drug addiction as a defense mechanism. Stress is placed on the necessity for the physician to understand the social as well as psychologic implications and to administer drugs in the light of such understanding.—F. C. Sumner. Abstract (In) *Psychol. Abstracts*, July 1951, Vol. 25, No. 7, Item 4701.

944. ROSEN, HAROLD. *Hypnodiagnostic and hypnotherapeutic fantasy-evocation and acting-out techniques.* *J. clin. exp. Hypnosis*, 1953, Vol. 1, pp. 54-66.

Results of experimentation with patients who have little or no motivation for psychotherapy are reported. Techniques are reported whereby these patients are hypnotized sometimes without their knowledge or conscious consent, so that, by the use of other techniques still under investigation, symptoms can be precipitated or intensified. By still other techniques symptom formation is blocked and the resultant anxiety repressed, so that underlying fantasies erupt into conscious awareness even to the point of being acted out. Risks involved in the procedure are discussed.—E. G. Aiken. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6575.

945. ROSEN, HAROLD. *The hypnotic and hypnotherapeutic unmasking intensification, and recognition of an emotion.* *Amer. J. Psychiat.*, 1952, Vol. 109, pp. 120-127.

A description of radical short-term psychotherapy under hypnosis. The emotion or feeling of the moment is hypnotically intensified until sexual fantasies, naked anxiety, or pronounced rage reactions come to the fore, frequently even to the point of being acted out. A description of 6 cases is given. Forty-seven references.—F. W. Snyder. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5190.

946. ROSEN, SIDNEY. *Effects of emotional disturbance on social skills.* *Counseling*, 1952, Vol. 10, No. 1, pp. 6-7.

This is a description of the use of case history material to predict and generalize concerning the behavior of a group of boys at camp. In general, boys with

histories of maladjustment were less effective in working with others on a skillful social level than were boys whose histories showed a less degree of maladjustment. The author considers that extensive case histories are valuable in predicting behavior. Applications of the findings to goals in effective guidance are considered.—F. Costin. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6460.

947. ROSENZWEIG, SAUL. *A transvaluation of psychotherapy—A reply to Hans Eysenck*. *J. abnor. soc. Psychol.*, April 1954, Vol. 49, No. 2, pp. 298-304.

"The foregoing reevaluation from the standpoints of the definition and severity of neurosis, amount of psychotherapy accorded, and standards of recovery in the several patient groups thus leads to the general conclusion that Eysenck's data and arguments fail to support his thesis that psychotherapy cannot be shown to facilitate recovery. The need for a more circumspect use of statistics in this highly complex area of evaluation is underscored. It is not, however, maintained that a conclusion in the opposite direction is warranted. The only safe deduction on the basis of currently available data is that, in view of the diversity of methods and standards in the field of psychotherapy, broad generalizations as to the effectiveness of treatment are to be avoided." P. 303.

*948. RUESCH, JURGEN. *Problems of communication in mentally ill patients*. Berkeley, Calif.: University of California. Study in progress, 1953. NIMH grant.

949. RUESCH, JURGEN. *Social factors in therapy*. (In) *Psychiatric treatment: Proceedings of the Association for Research in Nervous and Mental Disease*, Vol. 31, pp. 59-93. Baltimore: Wilkins and Wilkins Co., 1953.

Treatment has to embrace the immediate group surrounding the patient and not the patient alone, in spite of the fact that the genesis of such a disturbance may date back to childhood. Improvement and maturation of any individual seem to depend upon well-functioning human relations. A bibliography of 173 references is included.

950. SANFORD, NEVITT. *Clinical methods—Psychotherapy*. *Ann. Rev. Psychol.*, 1953, Vol. 4, pp. 317-342.

Literature on psychotherapy for the year ending May 1952, is reviewed under the major headings: Group therapy, psychotherapy of schizophrenia, client-centered therapy, psychoanalysis, and research methodology. Sixty-eight-item bibliography.—C. M. Louttit. Abstract (In) *Psychol. Abstracts*, September 1953, Vol. 27, No. 9, Item 6577.

*951. SARSON, SEYMOUR R. *Measurement of test anxiety in children*. New Haven, Conn.: Yale University. Study in progress, 1953. NIMH grant.

*952. SASLOW, GEORGE. *Measurement of human interaction in the interview situation*. St. Louis, Mo.: Washington University. Study in progress, 1953. NIMH grant.

953. SCHMIDHOFER, ERNST. *Mechanical group therapy.* Science, 1952, Vol. 115, pp. 120-123.

Therapeutic relaxation (TR) "which purports primarily to be a self-help treatment system" as well as prophylactically useful is described. Material recorded on tape is broadcast three times during the day (each daytime program has discussion and droning recitation treatment periods) and throughout the night (recitations alone). Observed symptomatic improvements, and problems and advantages of the TR method in the hospital setting are reported.—B. R. Fisher. Abstract (In) *Psychol. Abstracts*, September 1952, Vol. 26, No. 9, Item 5655.

954. SCHOFIELD, WILLIAM. *Research in clinical psychology, 1950.* J. clin. Psychol., July 1951, Vol. 7, No. 3, pp. 215-221.

In reviewing research in clinical psychology in 1950, Schofield found that the problem of the objective evaluation of therapy came third in a list of twenty areas investigated during the year by what he considers significant studies.

955. SCHOFIELD, WILLIAM. *Research in clinical psychology, 1951.* J. clin. Psychol., July 1952, Vol. 8, No. 3, pp. 255-261.

The research in clinical psychology for the past year is reviewed briefly. Wittenborn's work was regarded as the most significant research published during the past year. Forty-three-item bibliography.—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5836.

956. SCHWARTZ, CHARLOTTE GREEN. *Bibliography—The rehabilitation of mental hospital patients.* Bethesda, Md.: National Institute of Mental Health. Unpublished Bibliography of 854 references, 1952. Pp. 60.

"For the purpose of delimiting the area of 'the rehabilitation of mental hospital patients' we have defined rehabilitation operationally: What is being done today to assist mental hospital patients to reenter and maintain themselves in the community. Because of the extensive literature on this subject, we have excluded the literature on specific organic treatment and that concerned with individual psychotherapy. We have included studies which examine the sociological and psychological aspects of the mental hospital social structure." P. iii.

957. SCHWARTZ, CHARLOTTE GREEN. *Rehabilitation of mental hospital patients—Review of the literature.* Washington, D. C.: Public Health Monograph No. 17, PHS Publication No. 297. Government Printing Office, 1953. Pp. 70.

Mrs. Schwartz is a sociologist with the Laboratory of Socio-Environmental Studies, National Institute of Mental Health. "This review of current literature on the rehabilitation of hospitalized mentally ill patients is designed to serve as a basis for planning rehabilitation services and for future investigation of the areas which require further specification and clarification * * *. Areas which require greater clarification are suggested. The social structure approach to the mental hospital is introduced as a fruitful method of uncovering problems in hospital functioning."—From Contents, p. iii.

958. SCHWARTZ, CHARLOTTE GREEN; SCHWARTZ, MORRIS S.; AND STANTON, ALFRED H. *A study of need-fulfillment on a mental hospital ward.* Psychiatry, 1951, Vol. 14, pp. 223-242.

The hypothesis was studied that "the fulfillment of requests in the setting of a disturbed ward is related to the clarity of the request and the insistence and persevering of the patient." Data consisted of verbal and nonverbal requests and responses to them by the ward personnel. These were recorded during a series of observations on the ward. Active, intermediate and withdrawn patients showed differences in the rate of request, classes of requests, response to, and fulfillment and nonfulfillment of requests. Implications of these findings are discussed.—N. H. Pronko. Abstract (In) *Psychol. Abstracts*, February 1952, Vol. 26, No. 2, Item 1045.

959. SCHWARTZ, MORRIS S., AND TUDOR, GWEN. *Low morale and mutual withdrawal on a hospital ward.* Psychiatry, 1953, Vol. 16, pp. 337-353.

*960. SEEMAN, JULIUS. *Evaluation of play therapy for emotionally disturbed children.* Nashville, Tenn.: George Peabody College for Teachers. Study in progress, 1953. NIMH grant.

*961. SHAKOW, DAVID. *Analysis of factors involved in the psychoanalytic therapy process.* Chicago: University of Illinois, College of Medicine. Study in progress, 1953. NIMH grant.

*962. SHAW, CLIFFORD R. *The rehabilitation process in reformed offenders.* Chicago, Ill.: Chicago Area Project. Study in progress, 1953. NIMH grant.

963. SHEIMO, STANTON L.; PAYNTER, J.; AND SZUREK, STANISLAUS A. *Problems of staff interaction with spontaneous group formations on a psychiatric ward.* Am. J. Orthopsychiat., 1949, Vol. 19, pp. 599-611.

During a 6-month period a group of 16 children on a psychiatric ward and the staff of that ward were observed in order to relate processes within the group of patients to the dynamics of staff interaction. Twelve references.—R. E. Perl. Abstract (In) *Psychol. Abstracts*, August 1950, Vol. 24, No. 8, Item 4150.

964. SHIFFMAN, F., AND OLSEN, E. *A study in family case work—An attempt to evaluate service.* Evanston, Ill.: Family Welfare Association of Evanston, June 22, 1939. Pp. 12.

965. SKOTTOWE, I., AND LOCKWOOD, M. R. *The fate of 150 psychiatric outpatients.* J. ment. Sci., 1935, Vol. 81, pp. 502-508.

966. SNYDER, WILLIAM U. *An investigation of the nature of nondirective psychotherapy.* J. gen. Psychol., 1945, Vol. 33, pp. 193-223.

967. STOCK, DOROTHY. *An investigation into the interrelations between the self-concept and feelings directed toward other persons and groups.* J. consult. Psychol., June 1949, Vol. 13, No. 3, pp. 176-180.

Client statements from 10 cases were analyzed. It is concluded that there is a definite relationship between the way an individual feels about himself and the way he feels about other persons. One who holds negative feelings about himself tends to hold negative feelings toward other people in general. As a client's feelings about himself change to objective or positive, feelings about others change in a similar direction.—S. G. Dulsky. Abstract (In) *Psychol. Abstracts*, January 1950, Vol. 24, No. 1, Item 211.

968. SULLIVAN, HARRY STACK. *Socio-psychiatric research—Its implications for the schizophrenia problem for mental hygiene*. Amer. J. Psychiat., May 1931, Vol. 10, No. 6, pp. 977-991.

From the service of clinical research of the Sheppard and Enoch Pratt Hospital, Baltimore. A statement of some conclusions from the 7-year study of male schizophrenic patients of that institution, from which a beginning at a new type of institutional care was made.

969. SUTHERLAND, J. D. *Notes on psychoanalytic group therapy. I. Therapy and training*. Psychiatry, 1952, Vol. 15, pp. 111-117.

Psychoanalytic group therapy in the Tavistock Clinic during the last 5 years is examined. Emphasis is placed on the use of material presented by patients, effectiveness as therapy, and value as a training opportunity for therapists.—C. T. Bever. Abstract (In) *Psychol. Abstracts*, April 1953, Vol. 27, No. 4, Item 2795.

970. SZUREK, STANISLAUS A. *Some lessons from efforts at psychotherapy with parents*. Amer. J. Psychiat., 1952, Vol. 109, pp. 296-302.

A definition of collaborative psychotherapy of the family. One clinical instance is cited. Questions regarding this method are raised. Complexity of the problems in families thus seen and difficulties experienced are stressed. Sixteen references.—F. W. Snyder. Abstract (In) *Psychol. Abstracts*, July 1953, Vol. 27, No. 7, Item 5193.

971. THORNE, FREDERICK C. *Operational concepts in clinical psychology and medicine*. J. clinic. Psychol., April 1953, Vol. 9, No. 2, pp. 137-142.

"This paper has sought to outline the importance of operational concepts in clinical psychology and medicine. It is contended that much of the existing confusion concerning the conflicting claims of different 'schools' can be resolved by an operational analysis of the different types of data upon which they base their theoretical formulations. The clinical method in science involves multi-level operational approaches to the study of the organism. Depending upon the frame of reference and operational procedures with which personality study is approached, many different viewpoints are possible. In the past, many of the 'schools' have made the error of basing a system on the results of one operational approach while ignoring the others. Psychobiology appears to offer the operational orientation of choice in eclectically utilizing data from all pertinent sources. Many of the theoretical dilemma and paradoxes of the past may be resolved by operational approaches to personality study. Examples are given

from the fields of psychology and medicine. It is concluded that operational concepts and methods are essential for the scientific handling of diagnostic and therapeutic data."—Summary.

972. TUCKER, JOHN EDWARD. *Investigation of criteria for evaluating nondirective psychotherapy*. Pennsylvania State College. 1951, Ph. D. thesis.

*973. TURTELTAUB, DAVID. *Analysis of trends in development of specialized treatment institutions for care of emotionally disturbed children*. (In) Children's Bureau: Research relating to Children—An inventory of studies in progress. Washington, D. C.: U. S. Department of Health, Education, and Welfare. Bulletin II (Reported Jan.-Oct. 1952), 1953. Item 14C, pp. 140-141.

A study of Jewish child-care and multiple function agencies which have undertaken specialized treatment projects in cities with Jewish populations exceeding 40,000. Duration: 1951-53. Council of Jewish Federations and Welfare Funds, New York City.

*974. WAGNER, ESTHER O. *The place of social group work recreation in the treatment plan for mentally ill patients*. Cleveland, Ohio: Cleveland Receiving Hospital. Study in progress, 1953.

The purpose of this research is to determine the place of social group work in the treatment plan for mentally ill. Answers are being sought for such questions as: Can group work help patients make maximum use of hospital resources? What kinds of opportunities does social group work provide for patients to build on their personality strengths, and to test reality? What are some of the factors that may be considered in working out groupings for patients?

975. WATSON, ROBERT I.; MENSCH, IVAN; AND GILDEA, EDWIN F. *The evaluation of the effects of psychotherapy—III. Research design*. J. Psychol., 1951, Vol. 32, pp. 293-308.

In setting up an experiment to study the effects of psychotherapy, there are four main variables: Patient, situational factors, therapist, and the therapeutic situation. The plan for research reported here provides for the selection of candidates for psychotherapy, intake interview by psychiatric social worker, psychological examination, psychiatric interview, series of psychotherapeutic sessions, and followup study. A nontreated control patient, and a normal control group, are to be used. Evaluations of behavior are made at three points: At beginning of therapy, at termination of treatment, and at followup. The experimental setup in no way interferes with normal treatment—merely makes it more objective and systematic, and permits isolation of causative variables.—R. W. Husband. Abstract (In) Psychol. Abstracts, June 1952, Vol. 26, No. 6, Item 3453.

976. WATTENBERG, WILLIAM W., AND FAIGENBAUM, DAVID. *Patterns in delinquency*. J. clin. Psychol., 1953, Vol. 9, pp. 78-81.

"The complete police records for 1,170 boys were analyzed. For the 864 with more than one police contact, the first and last juvenile offenses were com-

pared. * * * For the majority of the group, no reliable prediction as to last offense could be made from the nature of the first offense. This lends support to the view that delinquency is frequently the product of a generalized personality disorganization of some type."—L. B. Heathers. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7924.

977. WEIL, ROBERT J. *Problems of interdisciplinary research in mental health.* Bull, marit. *Psychol. Assn.*, Dec. 1952, p. 29-36.

Several types of research designs which have been used in mental health research are: (1) Organic and physiological; (2) psychosomatic; (3) therapeutic; (4) group dynamics; (5) statistical studies; (6) epidemiological and prevalence studies; and (7) culture and personality studies. To use these different research designs requires more than one discipline for coverage of the problems involved. Research planning must consider the choice of research design, and numerous other questions that are outlined, in selecting the research team. Problems arise in research methodology with respect to: (1) Vertical communication; (2) horizontal communication; (3) collection and integration of data; (4) recording of data.—W. F. Grether. Abstract (In) *Psychol. Abstracts*, August 1953, Vol. 27, No. 8, Item 5839.

978. WHITAKER, CARL A., AND MALONE, THOMAS P. *The roots of psychotherapy.* New York: Blakiston Co., 1953. Pp. 237.

Therapy is described in terms labelled "experiential," as essentially intrapsychic, nongenetic, ahistorical, atemporal, therapist-activated, and dealing mainly with id processes until the patient's fantasy needs are fulfilled. There are many provocative observations and ideas in the book, and many unconventional ways of looking at therapy.

*979. WILLIAMS, RICHARD H. *Panel Meeting on rehabilitation program planning and development.*—Feb. 1953.—*The Boston State Hospital Pilot Study.* Bethesda, Md.: National Institute of Mental Health. NIMH Special Projects grant. Study in progress, 1953.

Using an experimental and control group at the Boston State Hospital, to study the effects of a total rehabilitation program in hospital care on the rates of improvement of patients.

*980. WILLIAMS, RICHARD H. *Psychiatric rehabilitation program planning and development.* Bethesda, Md.: Unpublished report NIMH, Public Health Service, U. S. Department of Health, Education, and Welfare, 1953. Pp. 109.

This staff memorandum—for administrative use—has the major purpose of defining "at least tentatively and generally, the place and functions of the NIMH in the whole area of rehabilitation, both rehabilitation of the mentally ill and the mental and emotional aspects of rehabilitation of the physically handicapped and the chronically ill, and to indicate the steps which have already been taken. * * *" P. 2.

*981. WITTMAN, PHYLLIS. *Diagnostic and prognostic significance of prodromal factors in mental illness.* Elgin, Ill., Elgin State Hospital. Study in progress, 1952. NIMH grant.

An attempt to develop criteria for determining whether a child will develop mental illness in later life, through analysis of childhood records of persons now mentally ill.

982. WOLFF, WERNER, AND PRECKER, JOSEPH A. *Success in psychotherapy.* New York: Grune & Stratton, 1952. Pp. 196.

This symposium consists of contributions discussing the establishment of objective criteria for the measurement of diagnostic and therapeutic methods.—N. M. Locke. Abstract (In) *Psychol. Abstracts*, November 1953, Vol. 27, No. 11, Item 7843.

983. WORLD HEALTH ORGANIZATION. *Expert Committee on Mental Health: Third Report, Third Session, Geneva, 24-29 November 1952.* Geneva: World Hlth Org. tech. Rep. Ser., No. 73, September 1953. Pp. 38.

This report contains the collective views of an international group of experts relating to mental health activities and psychiatric services. Topics discussed include: (1) Prevalence of psychiatric disorders; (2) essential mental hospital accommodations; (3) steps in the development of community mental health services; and (4) inpatient services.

*984. ZUBIN, JOSEPH. *Psychological prognosis in schizophrenia.* New York: New York State Psychiatric Institute. Study in progress, 1953. NIMH grant.

(See also Nos. *89, 436, 451, 484, 519, 524, 525, 529, 534, 539, 551, 559, *560, *568, 571, *572, *581, 621, 657, *658, 671, 675, *690, 720, 726, 727, 748, 749.)

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